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2022 SEP -9 AMII: 33 SECRETARY OF STATE TALLAHASSEE, FI

COVER LETTER

TO:

Tallahassee, FL 32314

	on Section f Corporations		
JODO	CO Services LLC		
SUBJECT:			
	Name of Lir	mited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	rrespondence concerning this matte	r to the following:	
	Marlene Guzman		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Jodoco Services LLC		
		Firm/Company	
	8245 Silver Birch Way		
	1 1:14 17 22071	Address	- 200 -
	Lehigh Acres FL 33971		
	Akon i0321@yahoo.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report noti	fication)
For further informa	tion concerning this matter, please	call:	
Marlene Guzman		646 642-0389	
N	ame of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	ddress: tion Section	Street Address: Registration Se	ction
	of Corporations	Division of Cor	
P.O. Box	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jodoco Services LLC	_	
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L. Florida document number	03/2	25/2019
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		SECRETARY TALLAHA
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the new cogistere
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Antonio J Rodriguez	
New Registered Office Address:	8245 Silver Birch Way Enter Flor	rida street address
	Lehigh Acres FL	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Marlene Guzman	8245 Silver Biurch Way Lehigh Acres FL 33971	
			□Add
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II AIIIC	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note:	ve date, if other than the date of filing:
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	09/05/2022 Atoms Signature of a member or authorized representative of a member
	Antonio José Rodriquez Typed or printed name of signee