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TO:

Registration Section Division of Corporations

JC JOB COODINATOR LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alex Laracuente Quintana Name of Person JC JOB COORDINATOR LLC Firm/Company 2715 Barelay Ln Address Kissimmee FL 34743 City/State and Zip Code laracuentealex39@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alex Laracuente Quintana Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC JOB COOrdinator LLC

(Name of the Limited Liability Company as it now appears on our

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	' as it now appears on our re bility Company)	cords.)				
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{\text{L}19000122220}{\text{L}}$.	rere filed on May 05 2019	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ty company here:					
A&M_JOB COODINATOR LLC						
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	'LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		في ند				
		arm to				
		£: 10				
B. If amending the registered agent and/or registered office ad	dress on our records, <u>er</u>					
agent and/or the new registered office address here:		E.S.				
		6: 3				
Name of New Registered Agent:		000				
New Registered Office Address:						
1500 Negistera Office Addicas.	Enter Florida street address					
		, Florida				
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent;						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dutie. ovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is				

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>	Address	Type of Action
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in effective date i. p te: If the date	s listed, the date mu inserted in this b tive date on the E	st be specific and lock does not r	l cannot be pr neet the app	licable stat	liling or more t utory filing re	han 90 days af	ter filing.) Pursuar will not	nt to 605.020 t be listed a
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Filing Fee: \$25.00