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## **COVER LETTER**

O: Registration Section Division of Corporations
UBJECT: J&F Unlimited Services, LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Ana Cordero Gouzalez Name of Person
J&F Unlimited Services, LLC
9327 Crandon Lin
Tampa FL 33635  City/State and Zip Code  Fararealty Qquail. on  E-mail address: (to be feed for four annual report notification)
or further information concerning this matter, please call:
Farasly Ranirez Labrada at (813), 389-1489  Name of Person Area Code Daytime Telephone Number
nelosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J& t Vulimited Services, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on June 24, 2019 and assigned
Florida document number <u>L 19000 1649 77</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
<u> </u>
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
=:
<u></u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Ana Cordero Gonzalez	9327 Crander Lu TampaFL	35 <b>⊠</b> Add
			□ Remove
			Change
AMBIR	Favas ky Ramirez Lasada		Add
		· · · · · · · · · · · · · · · · · · ·	<b>⊠</b> Remove
		······································	□ Change
MGR	Farasley Raniver Calando		<b>∠</b> Add
	,		Remove
			Change
		<del></del>	□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

(If an et Note:	tive date, if other than the date of filing:  [Coptional]  Descrive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 05 . 2019 .  Fully  Signature of a member of authorized representative of a member
	Full. U
	Signature of a member of authorized representative of a member
	,
	Farasley Ramirez Labrada  Typed or printed name of signee

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Filing Fee: \$25.00