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JUL 3 1 2019 C Kinsey

COVER LETTER

TO: Registration S Division of Co			
J AND A	ELITE SERVICES LLC		
SUBJECT:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter t	o the following:	
	ADAM J PETERSEN		
		Name of Person	
	J AND A ELITE SERVICI	ES LLC	
		Firm/Company	
	425 EASY ST		
		Address	
	SEBASTIAN, FL 32958		
	AJPAJP1981@YAHOO.CO	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
ADAM J PETERSEN	ţ	772 501-0643	
Name	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Fiting Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & 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 AND A ELITE SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 1.19000175452	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		019 EC
Enter new mailing address, if applicable:		7A 26
(Mailing address MAY BE A POST OFFICE BOX)		Si A III
	·	ي بير
		77 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, re:	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code
New Revistered 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ADAM J PETERSEN	425 EASY ST	
			
		SEBASTIAN, FL32958	
			Remove
			Change
MGR	JOHNATHAN H	5616 38TH PLACE	
	MCLAUGHLIN		
		VERO BEACH, FL 32966	
			Remove
			Change
			□ Add
			Remove
			Change
		_	
			Remove
			☐ Change
		_	
			□ Remove
			☐ Change
			Add
			_
			Remove
			_
			Change

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Fffactive data if other than	the dute of filings		(antional)	
If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet the app	olicable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605.0 tirements, this date will not be listed	0207 (3) d as the
ne record specifies a dela The 90th day after the		not an effective time,	at 12:01 a.m. on the earlies	гof:
ЛЛУ 23	2019			
Dated	 -	·		
J W	Signature of a member or ac			
J	Signature of a member or at	uthorized representative of a m	iember	
JOHNATHAN H N				
		- Colombia Colombia		
	Typed of pr	inted name of signee		

Page 3 of 3

Filing Fee: \$25.00