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10/15/18--01/10--02/ **25.00

T. 3123

2050 (15 FH 2:41

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JOSGE Services And Repailes, LLC. 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:
Jorge L Senea Hemandez.
Jorge L Senea Hernandez. Name of Person Jorge Services and Repaires, LLC Firm/Company
1421 Sw 3rd Street, # 203.
MiAmi Florida 33135 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (205) 3023691. Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional cop

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	Pepcules, LLC ny as it now appears on our records.) Liability Company)	2015 C27 15 PH 2:41
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1900190515}{}$	were filed on <u>07/25/20</u>	old _ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab \bigvee / \biguplus ,	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	M/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:	/A	
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	ida

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>	Address	Type of Action
MGR	SONRA HORNANDEZ,	1421 em 300 st.	Add
MGR Senra Hernandez, Jorge L.	Jorge L.	1421 EW 300 St. APT 203.	□ Remove
		MIAMI FL 33135.	Change
		/ □ Add	
			Remove
			Change
	·		
			Remove
		Change	
			
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

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(If an effec	e date, if other than the date of filing:
Note: 1	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 10th day after the record is filed.
	a lalas - acu
Dated _(Stoper our 20101
	Signature of a member of a member of a member
	wige, L. Senza Hernandez.
	Typed or printed name of signee

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Filing Fee: \$25.00