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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PEDRO LUZQUINOS Account Number : I20170000042 Phone : (954;655-8413

Fax Number : (954) 432-8907

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ETRAL ADDRESS: PLUZQUINDSFQ HOTMAIL. COM

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COVER LETTER

SUBJECT: JED SERVICES ENTERPRISE LLC Name of Limited Liability Company	TO: Registration Sc Division of Cor		•	· •	B
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: JOSE E DIAZ. Name of Person Firm/Company 2835 W 76 ST APT 201 Address HIALEAH, FL 33018 City/State and Zip Code PLUZQUINOSF@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		ICES ENTERPRISE LLC			
Please return all correspondence concerning this matter to the following: JOSE E DIAZ	SUBJECT:	Name of Limi	ted Liability Company		
Firm/Company 2835 W 76 ST APT 201 Address HIALEAH, FL 33018 City/State and Zip Code PLUZQUINOSF@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
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Address HIALEAH, FL 33018 City/State and Zip Code PLUZQUINOSF@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			Firm/Company		
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City/State and Zip Code PLUZQUINOSF@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			Address		
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Name of Person Area Code Daytime Telephone Number		one committee and the committee of the c			
	Name (of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the following amount:	Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	□ \$25.00 Filing Fee		Certified Copy	Certificate (Certified Co	of Status & opy

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2020 JULY 10 PH 12: 32

JED SERVICES ENTERPRISE LLC	•	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) (Trability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000222790</u>	ny were filed on 09/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	c address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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

2020 JUH 10 PH 12: 32

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		HIALEAH, FL 33018	■Remove
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Effective date, if other than the d	fate of filing: (optional)
I'an effective date is listed, the date must be	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Dep	on the state is records.
a unusual association of dalling and afficultiess	data but and an affective time at 12.01 arm on the equiler of the The Otth day after the
rd is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JUNE 10	2020
Dated	
	Signature of a member or authorized representative of a member
, ,	nginature of a member or authorized representative of a member
JOSE E DIAZ	

H200001753283

Filing Fee: \$25.00