Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : 120070000033

: (305)649-7040

Fax Number

: (305)643-3237

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please. (

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J J FULL SERVICES LLC

Certificate of Status	0
Certified Copy	Û
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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p.2

COVER LETTER

TO: Registration Sec Division of Corp			
		SERVICES LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	smendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	ANA	ISABEL ARAICA	
		Name of Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PEREZ ARCHE A	N ACCOUNTING & TAX SERVICE	ES
		Firm/Company	<u></u>
	4011 W	FLAGLER STREET STE 501	
		Address	
	CORA	AL GABLES, FL 33134	
		City/State and Zip Code	
		ICAISABEL@GMAIL.COM to be used for future annual report notification)	
For further information of	meerning this matter, please ca		
ANA ISABEL ARAI	_	305 649-7040	
.Name of		at ()	Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, lertificate of Status & ertified Copy ddditional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, 5	e
ranniassee. i	A. Jan J. K	Tallahassee, FL 32303	

16-Nov-2021 18:20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ FULL SERVICES LLC

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) jability Company)
The Articles of Organization for this Limited Liability Company	were filed JJFULL SERVICES LLC assigned
Florida document number L19000274651.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
JJ FULL SERVICES	AUTO GLASS LLC
The new name must be distinguishable and contain the words "I smited Liabili	ty 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)	202
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
	AMIO: 49 CF STATE SEE, FL
Name of New Registered Agent:	LIE +9
New Registered Office Address:	
	Enter Florido street address

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.

Cin

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 = AMBR =	Manager Authorized Member		
Title	Name	Address 16790 NE 20 TH STREET APT I	Type of Action
MGR	JUDITH QUINONES HERRERA	N MIAMI BEACH, FL 33162	Ardd
·=			⊡Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			☐Remove
			☐ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			☐ Change

p.5

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
	
_	
(If an effect	e date, if other than the date of filing:
	nt's effective date on the Department of State's records.
the record cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated <u>:</u>	November 17th, 2021.
	T. 10-
	Signature of a member or authorized representative of a member