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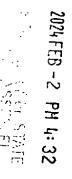
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|-------------------------|----------------------|-------------|
| (Red                    | questor's Name)      |             |
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| (Cit                    | y/State/Zip/Phone    |             |
| PICK-UP                 | ☐ WAIT               | MAIL        |
| (8u                     | siness Entity Nan    | ne)         |
| (Do                     | cument Number)       |             |
| Certified Copies        | _ Certificates       | s of Status |
| Special Instructions to | -<br>Filing Officer: |             |
|                         |                      |             |
|                         |                      |             |
|                         |                      |             |
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Office Use Only



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02/02/24--01024--001 \*\*25.00



## **COVER LETTER**

TO:

Registration Section

| Division of Cor                | porations                                 |   |  |
|--------------------------------|---|---|--|
| AJL SERV                       | ICES LLC                                  |   |  |
| SUBJECT:                       | Name of Lim                               | ited Liability Company  |  |
| The enclosed Articles of       | Amendment and fee(s) are sub              | mitted for filing.  |  |
|                                |   |   |  |
| Please return all correspo     | indence concerning this matter            | to the following:   |  |
|                                | PATRICIA ELINGER                          |   |  |
|                                |   | Name of Person  |  |
|                                | MULTI ADMIN SERVIC                        |   |  |
|                                |   | Firm/Company  |  |
|                                | 8453 QUARTER HORSE                        | DR  |  |
|                                |   | Address   |  |
|                                | RIVERVIEW FL 33578                        |   |  |
|                                |   | City/State and Zip Code   | <del></del>  |
|                                | PATYELINGER@GMAIL                         | .COM<br>to be used for future annual report not                     | itication)   |
| Una frather infermation        | oncerning this matter, please c           |   | •  |
|                                | oncerning this mader, prease c            |   |  |
| PATRICIA ELINGER               |   | 813 516-4063<br>at ()   |  |
| Name o                         | f Person                                  | Area Code Daytin  | ne Telephone Number  |
| Enclosed is a check for the    | ne following amount:                      |   |  |
| ■ \$25.00 Filing Fee           | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ S60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration 9 | Section                                   | Street Address:<br>Registration Sc                                  |  |
| Division of C<br>P.O. Box 632  |   | Division of Co<br>The Centre of                                     | ·  |
| Tallahassee,                   |   |   | oe Street. Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AJL SERVICES LLC  |  |                                  |
|---|--|----------------------------------|
| ( <u>Name of the Limited Liability</u> (A Florida Li  | Company as it now appears on our recondited Liability Company) | ords.)                           |
| The Articles of Organization for this Limited Liability Con<br>Florida document number <u>L19000295636</u>  |  | and assigned                     |
| This amendment is submitted to amend the following:   |  |                                  |
| A. If amending name, enter the new name of the limited  | d liability company here:                                      |                                  |
| The new name must be distinguishable and contain the words "Limited   | d Liability Company," the designation "L                       | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                                  |
| (Principal office address MUST BE A STREET ADDRES   | <u></u>  |                                  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent: | ffice address on our records, <u>ent</u>                       | er the name of the new register  |
|   |  | <del></del> -                    |
| New Registered Office Address:  | Enter Florida street addi                                      | TSS                              |
| <del></del>   |  | 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 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 |
|--------------|-------------|---------|----------------|
|              |             |         | []Add          |
|              |             |         | ∐Remove        |
|              |             |         | □Change        |
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|                 | PREVIOUS PURPOSE WAS ŁANDSCAPING  |
|-----------------|---|
|                 | I WANT TO CHANGE THE PROVISION TO "BUY AND SELL ONLINE OR PERSON TO PERSON (B2C)  |
|                 | PRODUCTS IN GENERAL "   |
|                 |   |
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|                 |   |
| Note:           | ive date, if other than the date of filing:   |
| recor<br>Lis fi | d 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 led. |
| ated            | JANUARY 27 2024   |
|                 | <del></del> ··  |

Typed or printed name of signee