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SECRETARY OF STATE

COVER LETTER

D	ivision of Corp	porations			
SUBJECT		JTION LLC			-
5000000	·	Name of Lim	ited Liability Company		
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspor	ndence concerning this matter	to the following:		
		GREIST SUAREZ			
		DIRECT SOLUTION SERVICES Firm/Company 1248 VISCAYA PKWY Address Cape Coral, FL 33990 City/State and Zip Code PERMITS@DIRECTSOLUTIONSERVICES.COM E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: (EZ Name of Person at (
	Firm Company				
		1248 VISCAYA PKWY	Name of Person CES Firm/Company Address City/State and Zip Code ONSERVICES.COM e used for future annual report notification) at (
			Address		-
		Cape Coral, FL 33990			
			City/State and Zip Code		-
For further	information co		·	ncanon)	
GREISY S			239 4435846		
	Name of	Person	Area Code Daytimo	e Telephone Numbe	r
Enclosed is	a check for the	e following amount:			
□ \$25.00	Filing Fee	_	Certified Copy	Certifica Certified	ite of Status & l Copy

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 OF

FILED

2022 APR -1 PM 12: 1

SECRETARY OF STATE
TALL AHASSEE FLOOR

JONTSOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con-	npany were filed on 12/27/2019	and assigned
Florida document number L20000005459		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
JONT SOLUTION LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>(SS)</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:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	*
	, Flo	orida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my duties, an nt as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

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

Title	Name	<u>Address</u>	Type of Action
AMBR	NAVARRO TAMAYO, JORGE OSMANY	4114 SE 2ND AVE	
		CAPE CORAL. FI. 33904	□Remove
			□Add
			□ Remove
			□Change
		•	🗀 Add
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ffective date, if other than the an effective date is listed, the date must be left in this blocument's effective date on the D	st be specific and cock does not me	cannot be prior to cet the applicab	date of filing or ole statutory fil	more than 90 daying requiremen	(optional) is after filing.) Pr ts, this date wi	irsuant to 605,0207 (Il not be listed as t
record specifies a delayed effectiv Lis filed.	e date, but not a	n effective tim	e, at 12:01 a.m	. on the earlier	of: (b) The 9	0th day after the
ated MARCH 22		2022	_ ·			
			zed representati	e of a member	·	
	Signature of a me	emper or aumori	zea representan	or of a file fileer		

Filing Fee: \$25.00