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COVER LETTER

;		ited Liability Company	
ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
rn all correspo	indence concerning this matter	to the following:	
	JOSE MANUEL BOULL	ON	
		Name of Person	
	SERVICES J&A, LLC		
	JOSE MANUEL BOULLON Name of Person SERVICES J&A, LLC Firm/Company 3858 BAY CLUB CIR APT 103 Address KISSIMMEE, FL 34741 City/State and Zip Code luly@vtaxcl.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: OULLON 407 301-4788 at ()		
	3858 BAY CLUB CIR AI	PT 103	
		Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
		to be used for future annual support no	1. 6° antian
information c		·	incanony
NUEL BOUL	LON		
Name o	f Person		ne Telephone Number
a check for th	ne following amount:		
Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration S	ection
ivision of C	orporations	Division of Co	prporations
			Tallahassee oe Street, Suite 810
	information c NUEL BOUL Name of a check for the Filing Fee eight and sivision of COO. Box 632	Name of Lime ed Articles of Amendment and fee(s) are subtracted and correspondence concerning this matter JOSE MANUEL BOULL SERVICES J&A, LLC 3858 BAY CLUB CIR AFF KISSIMMEE, FL 34741 luly@vtaxcl.com E-mail address: (information concerning this matter, please concerning this matter, please concerning this matter. Please concerning th	SERVICES J&A, LLC SERVICES J&A, LLC SERVICES J&A, LLC Name of Limited Liability Company all correspondence concerning this matter to the following: JOSE MANUEL BOULLON Name of Person SERVICES J&A, LLC Firm/Company 3858 BAY CLUB CIR APT 103 Address KISSIMMEE, FL 34741 City/State and Zip Code luly@vtaxcl.com E-mail address: (to be used for future annual report no information concerning this matter, please call: NUEL BOULLON Name of Person Area Code Dayting a check for the following amount: Filing Fee S30.00 Filing Fee & Certified Copy radditional copy is enclosed) atting Address: egistration Section Registration Section ivision of Corporations O. Box 6327 The Centre of

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICES J&A, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L20000017522	pany were filed on 01/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	- 2
		20
		83. 1.
Enter new mailing address, if applicable:		. ω
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>က်</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u> i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
	, 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 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
AMBR	JOSE MANUEL BOULLON	3858 BAY CLUB CIR APT 103	≡ Add
		KISSIMMEE, FL 34741	
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ective date, if other than the effective date is listed, the date in the date in this cument's effective date on the	block does not n	reet the applica	o date of filing or ble statutory fili	more than 90 days and requirements.	ptional) after filing.) Pursuant (this date will not b	to 605.0207 (e listed as t
ecord specifics a delayed effectis filed.	ive date, but not	an effective tii	ne, at 12:01 a.m	. on the earlier of	f: (b) The 90th day	after the
		2020				
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JANUARY 28 ted	the	H Boul	lon	e of a member		

Filing Fee: \$25.00