L200000 54381

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of	Corporations		
JEDCO SUBJECT:	SERVICES, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matter	r to the following:	
	FLAURE DUBOIS		
		Name of Person	
	JEDCO SERVICES, LLC	:	
		Firm/Company	
	19431 SW 39TH STREE	г	
		Address	
	MIRAMAR, FL 33029		
		City/State and Zip Code	
	FLADUB@HOTMAIL.CO		
elena te la		(to be used for future annual repo	rt notification)
ror lutiner informati	on concerning this matter, please of	call:	
FLAURE DUBOIS		954 394-19 at ()	
Na	me of Person	Area Code D	Paytime Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad	dress: on Section	Street Addre	
-	of Corporations	Registration Division of	Corporations
P.O. Box			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEDCO SERVICES, 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 Company were filed on $\frac{02/18/2020}{2}$ and assigned Florida document number L20000054381 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida ___

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>	<u>Address</u>	Type of Action
PRES	FLAURE DUBOIS	19431 SW 39TH STREET	□Add
		MIRAMAR, FL 33029	■Remove
			Change
MGR	FLAURE DUBOIS	19431 SW 39TH STREET	= Add
		MIRAMAR, FL 33029	
			Change
VP	KIANA SAINT LOUIS	19431 SW 39TH STREET	□Add
		MIRAMAR, FL 33029	
			Change
AMBR	KIANA SAINT LOUIS	19431 SW 39TH STREET	
		MIRAMAR, FL 33029	□Remove
			□Remove
			Change
			□Remove
			□Change

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