1200000 900602

| (Requ | iestor's Name) | |
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| (Addr | ess) | |
| (Addr | ess) | · |
| (City/S | State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Busin | ness Entity Nar | ne) |
| (Docu | ıment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ling Officer: | |
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COVER LETTER

| | gistration Sectivision of Corp | | | |
|------------------|---|---|--|--|
| elle lect. | | Services 941 LLC | | |
| SUBJECT: | | | ited Liability Company | |
| | | | | |
| The enclose | d Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspon | dence concerning this matter | to the following: | |
| | | Sandy Figueroa | | |
| | | | Name of Person | |
| | | J & S Home Services 941 | LLC | |
| | | | Firm/Company | |
| | | 4507 9th ST W Apt L45 | | • |
| | | | Address | |
| | | Bradenton, FL 34207 | | |
| | | | City/State and Zip Code | |
| | | jshomeservices941@gmail. E-mail address: (| com to be used for future annual report notificat | tion) |
| For further | information coi | ncerning this matter, please ca | all: | |
| Sandy Figu | eroa | | 941 456-1079 at () | |
| | Name of I | Person | | lephone Number |
| Enclosed is | a check for the | following amount: | | |
| ■ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Re Di P. | ailing Address: egistration Se vision of Co O. Box 6327 Illahassee, FI | ection rporations | Street Address: Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32 | rations ahassee treet, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J & S Home Services 941 LLC | | |
|---|--|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | nny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 3/26/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | 2828 |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | 1 2 |
| Enter new principal offices address, if applicable: | | 9 345 |
| Principal office address MUST BE A STREET ADDRESS) | | PH 10 |
| | | = ÷ |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the | name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florid | Zip Code |
| | City | гір Соае |

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> | Name | Address | Type of Action |
|--------------|----------------|--|----------------|
| MGRM | Sandy Figueroa | 4507 9th ST W Apt L45. Bradenton, FL 34207 | ⊒ Add |
| | | | □ Remove |
| | | <u></u> | □Change |
| MGRM | Joshua Delaney | 4507 9th ST W Apt L45, Bradenton, FL 34207 | = Add |
| | | | □Remove |
| | | | 🗆 Change |
| | | | □Add |
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| If ar | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an Note | ctive date, if other than the date of filing: |
| the rec | ford 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 filed. |
| Date | d April 1st 2020. |
| | Signature of a member or authorized representative of a member |
| | J |
| | SANDY FIGUEROA Typed or printed name of signee |