L20 000 114286

(Re	questor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	ocument Number)	
,	,	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	 	

Office Use Only



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PLANCE CONTRACTOR

2020 AUG -5 AM 8: 18

SEP 2 5 2020 S. YOUNG

COVER LETTER

SUBJECT: JOYES		JOShing Ser	rvices LLC
	mendment and fee(s) are subr	<u> </u>	
	<u> Undsey</u>	M Jones Name of Person	
	Jones Press	Ure Washir Firm/Company	ng services UC
	45 Coyer	Red Address	
	Haines Cit		14
	JONESMULTISET	UICES IIQOGN be used for future annual re	eport notification)
For further information con	cerning this matter, please cal	II:	
Lyndsey Name of P	JONES	at (<u>803)</u> E Area Code	Daytime Telephone 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 enclo	Centificate of Status &
Mailing Address		Straut Add	l mace

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section Division of Corporations

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

Jones Pressure Wash	ina Services LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	2020
The Articles of Organization for this Limited Liability Company Florida document number Lacon 14266 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		and assigned S
_ Jones Multi Services	LIC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	45 coyer Rd	
(Principal office address MUST BE A STREET ADDRESS)	Itaines City Fl	33844
	J	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	45 Cayer Rd Haines City F	L 33844
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature if changing Degistered Agents		

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐Change
			□Add
		□Remove	
			
			□Remove
		□ Change	
		□Add	
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		□ Change	
		□ Add	
		□Remove	
			□Change

_	email: jorusmultiservices IIC (agmail.com
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Effectiv	ve date, if other than the date of filing:
Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
ne record	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 ed.
Dated _	August 3rd 2020 8-3-2020
	Signature of a member or authorized representative of a member
	Lynclscy Jones Typed or printed name of signee