## L20000 176797

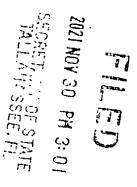
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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Y. SCOTT DEC 14 2021

## **COVER LETTER**

	Registration Se Division of Co			e,	
SUBJEC	LISTO TR				
SUBJEC	T:	Name of Lin	nited Liability Company	<del></del>	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for tiling		
		ondence concerning this matter	-		
		JODI RONEN			
		e	Name of Person		
		JG CONSULTING SERV	ICES, LLC	Co	
	2021 TAL				
		5481 WILES RD STE 502	!	ZOZI NOV 30 SECRETALLA (SS	
			Address	30	
	COCONUT CREEK, FL 33073				
		IODAN COLUMNIA V	City/State and Zip Code	OF STATE	
		JODI@ACCU-TAX.TAX  E-mail address: (	to be used for future annual report not		
For furthe	r information c	oncerning this matter, please c	·		
лОП RÓ	NEN		954 449-9709		
	Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	he following amount:			
<b>■</b> \$25.0	0 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 (auditional copy is enclosed)	
	dailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations			Division of Cor	porations	
	P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned  C" or the abbreviation "L.L.C."
C" or the abbreviation "L.L.C."
202 SEC 7.4
91.33154-吊 書
V30 P
77 Z 111
71.3315#2
r the name of the new regist
35
lorida Zip Code
<u> </u>

New Registered Agent's Signature, it changing Registered Agent:

Thereby 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

Title	Name	<u>Address</u>	Type of Action
MGRM	SHNEUR ZALMAN CIMENT	10899 LAKE WYNDS COURT	<b>≣</b> Add
		BOYNTON BEACH, FL 33437	□Remove
			□Change
AMBR	LEOR MAMANE	1133 102ND ST #305	
		BAY HARBOR ISLANDS, FL 33154	□Remove
			S DChange
•		· · · · · · · · · · · · · · · · · · ·	O Add
			Change  Change  Change  Change  Change  Change  Change  Change
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Effective date, if other than the fan effective date is listed, the date must	date of filing:		(optional)	
Note: If the date inserted in this blo	ock does not meet the apprica	o date of bling or more than ble statistory filing requi	90 days after filing.) Pursuant to be rements, this date will not be b	isted as t
document's effective date on the De	ipartment of softs for a dis-			
record specifies a delayed effective d is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the o	earlier of: (b) The 90th day at	fter the
Dated 11,22	202.			
	100 13/2	Azu		
	Signature of a member or at the			

