L20 000189008

(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(exemple 2 may, rema,
(Document Number)
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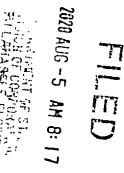
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divisi	ion of Cor	porations				
	ovelee Ha	nds Business Solutions LLC				
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ll correspo	ndence concerning this matter	to the following:			
		Ebony Everett				
•		Name of Person				
		Lovelee Hands Business S	olutions			
	Firm/Company 390 Lake Hill PL Address					
	Apopka, FL 32703					
	City/State and Zip Code					
		ebonye@a-commodity.com				
		E-mail address: (to be used for future annual report no	tification)		
For further info	ormation co	oncerning this matter, please c	all:			
Ebony Everett		407 505-9838				
	Name of	f Person		me Telephone Number		
Enclosed is a c	check for th	ne following amount:				
□ \$25.00 Fil	ing 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) 		
	ng Addres stration S		Street Address: Registration S	ection		
Divis	sion of C	orporations	Division of Co	orporations		
P.O.	Box 632	7	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lovelee Hands Business Solutions 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 ______ Florida document number _____L20000189008 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jabez Realty and Business Solutions LLC 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 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
MGR	Ebony Everett	390 Lake Hill PL	⊟Add
		Apopka, FL 32703	□Remove
			□Change
AMBR	Janiah Cook	390 Lake Hill PL	≅ Add
		Apopka, FL 32703	□Remove
			Change
			□Add
			□ Remove
			[] Change
			□ Add
			Remove
			[] Change
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f an effe <u>Note:</u>	ve date, if other than the date of filing:
record d is file	I 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_	Ebour Europe of a member or authorized representative of a member
	Ebru Zundt
	Signature of a member or authorized representative of a member