

5/10/2021

L20000246004
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : ISAMAR TORRES
 Account Number : 12020000137
 Phone : (786)660-0108
 Fax Number : (305)503-7123

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@yourdreamms.com

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OFFICE OF THE SECRETARY OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 JACKEY SERVIC, LLC**

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May 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of CorporationsJACKEY SERVIC, LLC
9126 NW 19ST TER
HIALEAH, FL 33018USSUBJECT: JACKEY SERVIC, LLC
REF: L20000246004

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section AdministratorFAX Aud. #: H21000187914
Letter Number: 121A00010862

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850-617-6381

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(((H21000187914 3)))



May 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of CorporationsJACKEY SERVIC, LLC
9126 NW 19ST TER
HIALEAH, FL 33018USSUBJECT: JACKEY SERVIC, LLC
REF: L20000246004

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE COMPLETE AMENDMENT APPLICATION

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist IIFAX Aud. #: H21000187914
Letter Number: 621A00010004

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COVER LETTER

(((H21000187914 3)))

TO: Registration Section
Division of Corporations

SUBJECT: JACKEY SERVIC, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUELINE CEDENO

Name of Person

Jacqueline Cedeno

Firm/Company

9126 NW 14TH ST TER

Address

HALEALL, FL 33018

City/State and Zip Code

jackeytel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELINE CEDENO

at (786) 532-7733

Name of Person

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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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JACKEY SERVIC, 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 08/12/2020 and assigned
Florida document number L20000246004.

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)

9126 NW 19ST TER

HALEAH, FL 33018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9126 NW 19ST TER

HALEAH, FL 33018

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TALLAHASSEE, FL

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:

YOUR DREAM MULTISEVICES CORP

New Registered Office Address:

8300 NW 53RD ST SUITE 350

Enter Florida street address

MIAMI

City

Florida 33166

Zip Code

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.

Your Dream Multiservices Corp
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	MARIA EUGENIA PILEGGI	9126 NW 191ST TER	<input checked="" type="checkbox"/> Add
		HALEAH, FLORIDA, 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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7-10

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated MAY 10, 2021

Maria Eugenia Pileggi
Signature of a member or authorized representative of a member

Maria Eugenia Pileggi

Typed or printed name of signee

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Filing Fee: \$25.00