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### **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:	J. G. C. Mol-	ti Task Service	LLC
The enclosed Articles of An	nendment and fee(s) are submitted	for filing.	
Please return all corresponde	ence concerning this matter to the	following:	
	Jean G	orie Charles Name of Person	<del></del>
		Firm/Company	
	38 NE	82nd Street	
	Miami/Florida City	33181 /State and Zip Code	
-	Jean ( E-mail address: (to be us	garie Charle and amore de for future annual report notification)	il com
For further information cond	cerning this matter, please call:		
)ean bar Name of Po	<u>ce Charles</u>	at (786) 975 - 826 Area Code Daytime Telepho	one Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ S 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	-TASK Services, LLC any as it now appears on our records.)	·	_	
(A Fronta Emilia	maomy company)			
The Articles of Organization for this Limited Liability Company	were filed on	and	assigr	ıed
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation	ı "L.L.C	
Enter new principal offices address, if applicable:		€.	20	
(Principal office address MUST BE A STREET ADDRESS)			S O	on yet
			4	*****
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Enter new mailing address, if applicable:		SE C	A	
(Mailing address MAY BE A POST OFFICE BOX)		<del>ਾਹਿਤ</del> ਜਾੜੀ	ڣ	- Vision of
		T	28	<del></del>
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 na	me of the	new re	egister
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:			_	
	Enter Florida street address			
	, Florida _	· · · · · · · · · · · · · · · · · · ·		<del></del>
	City	Zip Co	de	

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>	<u>Name</u>	Address	Type of Action
AMBR	Jean Garie Charles	38 NE 82 nd Street	<b>\Z\</b> dd
		Miami, FL 33138	/ □Remove
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