LZ0000317703

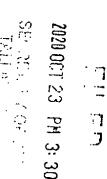
| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |





400354115664

10/28/20--01015--004 **25.00



L.A. 12/03/20

COVER LETTER

TO:

Registration Section

| Div | ision of Cor | porations | | |
|------------------------|------------------------------|--|---|---|
| | JP LABOR | SERVICE, LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | indence concerning this matter | to the following: | |
| | | JOAO P. MEDEIROS | | |
| | | | Name of Person | |
| | | JP LABOR SERVICE, LL | C | |
| | | | Firm/Company | - |
| 13050 GRAN BAY PARKWAY | | | | |
| | | | Address | |
| | | JACKSONVILLE, FL 322 | .58 | |
| | | | City/State and Zip Code | · |
| | | GRAEME@GROUPSYNE | | |
| | | · | to be used for future annual report no | tification) |
| For further in | iformation c | oncerning this matter, please c | | |
| ЈОАО Р. МЕ | EDEIROS | | 407 914-0075 at () | |
| Name of Person | | Area Code Daytii | me Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | iling 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) |
| | iling Addres gistration S | _ | <u>Street Address:</u> Registration Se | ection |
| | _ | Corporations | Division of Co | |
| P.C | D. Box 632 | .7 | The Centre of | |
| Tal | lahassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JP LABOR SERVICE, LUC | | | |
|---|---|-----------------------------------|----------------|
| (Name of the Limite | d Liability Company as it now appears of A Florida Limited Liability Company) | on our records.) | |
| he Articles of Organization for this Limited Li | | /20a | nd assigned |
| lorida document number L20000317703 | | | |
| his amendment is submitted to amend the follo | wing: | | |
| If amending name, enter the new name of | the limited liability company here | ; | |
| he new name must be distinguishable and contain the w | ords "Limited Liability Company," the desi | gnation "LLC" or the abbreviat | ion "L.L.C." |
| nter new principal offices address, if applica | able: | | |
| Principal office address MUST BE A STREE | T ADDRESS) | ·· | |
| | | <u> </u> | 20 |
| | | 五号 | F= 020 0CT |
| nter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE I | <u> </u> | | <u> </u> |
| | - | <u> </u> | _ |
| | | : 5 | ယ္ |
| 3. If amending the registered agent and/or re | | ords, <u>enter the name of th</u> | ie ffew regist |
| gent and/or the new registered office addres | s nere: | | |
| Name of New Registered Agent: | JOAO P. MEDEIROS | | |
| New Registered Office Address: | | | |
| | Enter Florido | i street address | |
| | | , Florida | |
| | City | Zin | 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.

f 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|----------------------------------|-----------------|
| AMBR | JOAO MEDEIROS | 13050 GRAN BAY PARKWAY, APT 1332 | □ Add |
| | | JACKSONVILLE, FL 32258 | □ Remove |
| | | | = Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □ Change |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |

| INCORRECTLY ON THE OR | IGINAL ARTICLES OF ORGANIZATION. | |
|--|--|----------------------|
| THE CORRECT SPELLING O | OF THE AMBR AND REGISTERED AGENT IS JOAO P. MEDEIROS | _ |
| | | _ |
| | | _ |
| | | - |
| | | |
| | | _ |
| | | _ |
| | | _ |
| | | |
| | | _ |
| | | _ |
| | | - |
| | | - |
| | | _ |
| | | _ |
| | | |
| | | |
| ective date, if other than the d effective date is listed, the date must be: If the date inserted in this bloc ument's effective date on the Dep | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ok does not meet the applicable statutory filing requirements, this date will not be lis | 15.0207 sted as t |
| cord specifies a delayed effective sfiled. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | er the |
| OCTOBER 20 | 2020 | |
| . The | ignature of a member of authorized representative of a member | |
| JOAO P. MADEIROS | | |
| | | |

Filing Fee: \$25.00