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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
JPC BUSI SUBJECT:	NESS & CONSULTING LLC		
audarut:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JEAN PIERRE SALDAR	RIAGA	
		Name of Person	
	AUTHORIZED MANAG	ING MEMBER	
		Firm'Company	
	2523 CLEVELAND ST		
		Address	
	HOLLYWOOD/FL/33020)	
		City/State and Zip Code	
	jepisa1975@hotmail.com E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
JEAN PIERRE SALDA	RRIAGA	786 6553391 at ()	
Name e	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63. Tallahassee,	Section Forporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

2.064

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

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JPC BUSINESS & CONSULTING 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 8:00 AM MARCH, 04,2021	and assigned
Florida document number [L21000105381	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited Hability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	. _
	, Florida	
	City	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.

If amending Authorized Person(s) authorized to manage,	, <u>enter the ti</u> t	tle, name, an	d address of	each person	being added
or removed from our records:					

MGR = Manager AMBR = Anthorized Member			
<u>Title</u>	Name	VAGESS 16 €# 10: 50	Type of Action
AMBR . —	JEAN PIERRE SALDARRIAGA	2523 CLEVELAND ST HOLLYWOOD FL 33020	□Add
			Remove
			E Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
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- -			□Remove
			□Change

	ge(s) here: (Attach additional sheets, if necessary.)
	21 AUG 16 8H 10: 20
Effective date, if other than the date of filing:	optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), the applicable statutory filing requirements, this date will not be listed as the 's records.
ne record specifies a delayed effective date, but not an e ord is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Signature of a members	ber or authorized representative of a member
IFAN PIERR	ZE SALDARRIAGA
31.71.51 11.100	ed or printed name of signee

Filing Fee: \$25.00