

ion of Corporations

10/19/22, 10:46 AM

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L21000134381**

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

From: Account Name : A PLUS ACCOUNTING GROUP LLC  
Account Number : I20210000188  
Phone : (786)348-3628  
Fax Number : (786)513-2455

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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: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JV MULTISERVICES GROUP LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

2022 OCT 19 3:13

C. BRUMBLEY

OCT 40 2022

COVER LETTER

TO: Registration Section  
Division of Corporations  
JV MULTISERVICES GROUP LLC

SUBJECT: \_\_\_\_\_  
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:

JENNEFER R VALERIN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4610 SW 40TH ST

\_\_\_\_\_  
Address

WEST PARK FL 33023

\_\_\_\_\_  
City/State and Zip Code

JENN.VALERING@YAHOO.COM

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

For further information concerning this matter, please call:

JENNEFER R VALERIN 786 9927742

\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                     |                                                                                            |                                                                                                                   |
|--------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

JV MULTISERVICES GROUP 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 03/24/2021 and assigned  
Florida document number 121000139381

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.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)

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CLERK OF STATE  
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:

New Registered Office Address:

Enter Florida street address

City Florida 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 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

| Title    | Name                | Address                                    | Type of Action                             |
|----------|---------------------|--------------------------------------------|--------------------------------------------|
| MGR      | DERRICK COOKS       | 16503 BRIDGE END ROAD MIAMI LAKES FL 33014 | <input type="checkbox"/> Add               |
|          |                     |                                            | <input checked="" type="checkbox"/> Remove |
|          |                     |                                            | <input type="checkbox"/> Change            |
| DIRECTOR | COOKS FINANCIAL LLC | 16503 BRIDGE END ROAD MIAMI LAKES FL 33014 | <input type="checkbox"/> Add               |
|          |                     |                                            | <input checked="" 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            |
|          |                     |                                            | <input type="checkbox"/> Change            |
|          |                     |                                            | <input type="checkbox"/> Add               |
|          |                     |                                            | <input type="checkbox"/> Remove            |
|          |                     |                                            | <input type="checkbox"/> Change            |

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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.

10/18/2022

Dated

Signature of a member or authorized representative of a member

JENNEFER R VALERIN

Typed or printed name of signee

**Filing Fee: \$25.00**