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(Address)
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(Document Number)
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COVER LETTER

TO:	Registration Section
	Division of Corporations



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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

JUON E ROSALES at 954 675 5904 Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

12 \$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 radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE	S OF AMENDMENT	ſ		
	то			
ARTICLES	S OF ORGANIZATIO	ON		
	OF			
<u>JR</u> SERVICES (Name of the Limited Liability (A Florida				
The Articles of Organization for this Limited Liability C Florida document number $\underline{L210001427}$	Company were filed on <u>3</u>	126/21	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim JER $SERVICESThe new name must be distinguishable and contain the words "Lim$	s and MAINT	FENANCE		
The new name must be distinguishable and contain the words "Lim	med thaomry company, the desig	nation trace of the a	ane viation - r	
Enter new principal offices address, if applicable:			<u>. </u>	
(Principal office address MUST BE A STREET ADDI	RESS)	. <u></u>		
			 :	
Enter new mailing address, if applicable:		-		
(Mailing address MAY BE A POST OFFICE BOX)				
Containing understand the set of the proceeding			Pi	4 . 6 . .
			<u></u>	* .*
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the naf</u>	ne of the new	v registered
Name of New Registered Agent:		, . <u>_</u>	A _ 7 4	- <u></u>
New Registered Office Address:		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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
AMBR) VIN É ROSALES	324 AVENS ST.	🔄 🙆 Add
		Port Saint Luce Fl 349	
			🗌 Change
MGR	JUON E ROSALES	324 AVENS St.	🗌 🗆 Add
		324 AVENS St. Dort Saint Lucie Fl 3490	BRemove 3.2
			[]Change
			🗆 Add
			🖾 Remove
			[]Change
		<u> </u>	🗆 Add
			🗆 Remove
			🗆 Change
<u></u>			DAdd
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗆 C'hange

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

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If the record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	July 13 2021	
	Front	
	Signature of a member or authorized representative of a member	
	JUAN É ROSALES	
	Typed or printed name of signee	