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## COVER LETTER

#### TO: Registration Section Division of Corporations

SUBJECT:

,

JER SERVICES AND MAINTENENCE LLC 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:



For further information concerning this matter, please call:

JUDN É ROSALES at 954 675 5904 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

125.00 Filing Fee

S30.00 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)

<u> Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Pallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

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ARTICLES OF A	MENDMENT	
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0)		
$\frac{JER}{(Same of the Limited Liability Compared the Ardenes of Organization for this Limited Liability Company (A Plorida Limited Liability Company Florida document number \frac{1221000142.799}{143.799}) this amendment is submitted to amend the following:A. If amending name, enter the new name of the limited liability CR SERVICES AN$	were filed on <u>8/26/2</u>	and assigned
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<b>`</b>	<u>;                                    </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	۰۰ ۲۰۰۰
	Cipy	Zip Code 🦈
New Registered Agent's Signature, if changing Registered Agent:		7.5

#### 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 addee or removed from our records.

## MGR = Manager

ANIBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	Whi E ROSALCS	324 AVENS ST	ÈAdd
		PORT. SAIN- LUGE FT 3498	h _⊇ ⊡Remove
			🗆 Change
MGR	JUDN E RASALES	324 AVEN'S St.	🗆 Add
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D. If amending any other information, enter change(s) here: (Anach additional sheets, y necessory).

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## E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)

(if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after illing.) Pursuant to 005 0207 (580) <u>sofer</u>. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's record.

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 then

Dated AUGUST	26 2	021
	$\bigcirc$	Res.
		ir or authorized representative of a member
	ين. من ري	U E ROSALES

Typed or printed name of signee