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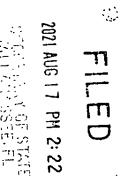
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## FLORIDA DEPARTMENT OF STATE TO Division of Corporations

August 4, 2021

JIEL SANCHEZ-SANTIAGO 327 QUARRY ROCK CIR KISSIMMEE, FL 34758

SUBJECT: JSS LED, LLC Ref. Number: L21000150667

We have received your document for JSS LED, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

We attempted to call as per requested for corrections. Please send the corrected updates along with this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 921A00018331

www.sunbiz.org

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### **COVER LETTER**

TO:	Registration Se Division of Cor							
			JSS LED LLC					
SUBJI	ECT:	Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	indence concerning this matter	to the following:					
		лег	_ SANCHEZ-SANTIAGO					
			Name of Person					
			JSS LED LLC					
			Firm/Company					
		32	27 QUARRY ROCK CIR					
			Address					
		K	KISSIMMEE, FL. 34758					
			City/State and Zip Code	-				
		E mail address: (	jssledllc@gmail.com to be used for future annual repor	d notification)				
For fur	ther information c	oncerning this matter, please c	-	( Hothication)				
	JIEL SANCE	HEZ-SANTIAGO	407 at ( )	693-4477				
	Name o	f Person		aytime Telephone Number				
Enclos	ed is a check for th	ne following amount:						
□ <b>\$</b> 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres Registration S		Street Addre Registration					
	Division of C	Corporations	Division of	Corporations				
	P.O. Box 632			of Tallahassee				
	Tallahassee, l	FL 32314	2410 N. MI	onroe Street, Suite 810				

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	S LED LLC			
( <u>Name of the Limited Liability C</u> (Α Florida Lin	ompany as it now appea	ers on our records.)		
(ivitorial Em	inca Elaomiy Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on _	MARCH 31, 2021	and ass	igned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	ere:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRES	<u></u>			12.5
			2021 AUG	
				$\neg \Box$
Enter new mailing address, if applicable:			<u> </u>	=
(Mailing address MAY BE A POST OFFICE BOX)	<del>- "</del>		7.5 <b>- 13</b>	<u></u>
		1	信号 重	D
	<del></del> ,	<del></del>	크로 N	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our	records, <u>enter the nam</u>	e of the nev	v registere
Name of New Registered Agent:				
Name Devictor of Office Addresses				
New Registered Office Address:	Enter Flo	orida street address		
		, Florida		
	City		Zip Code	<del>_</del>

#### 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	<u>Name</u>	Address	Type of Action
AMBR	JIEL SANCHEZ-SANTIAGO	327 QUARRY ROCK CIR	<b>=</b> Add
		KISSIMMEE, FL. 34758.	□Remove
			Change
			Remove
			□ Add
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an effective da lote: If the d	e, if other than the ite is listed, the date mu- ate inserted in this bl fective date on the D	st be specific and lock does not <i>i</i>	d cannot be prior meet the applica	able statutory f	or more than 90 d iling requireme	ays after filing.) I	Pursuant to 605,020 fill not be listed as
record specif is filed.	ies a delayed effectiv	e date, but not	t an effective tir	me, at 12:01 a.	m. on the earlie	er of: (b) The	90th day after the
ated	JUNE 30		2021	i ·			
			/				
		Signature of a	member of nitho	rized representa	tive of a member		<del></del>
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Filing Fee: \$25.00