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(Requestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor							
JOSE SERV	VICES LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Adolfo Jose Sosa						
	<u></u>	Name of Person					
	JOSE SERVICES LLC						
		Firm/Company		•			
	4572 Golden Gate Pkwy A	apt B					
		Address		,			
	Naples FL 34116						
		City/State and Zip Code		ı	23		
	gtsglobaltax@gmail.com			<u> </u>	22		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual reportable:	(notification)	}-: :_:	2021 JUE 15		
Adolfo Jose Sosa	•	239 560-87	53	:	PH		
Name o	l'Person	Area Code Di	iytime Telephone Number		2: 2: 38		
Enclosed is a check for the	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 Fi Certifica Certified (additional	ite of Sta I Copy	tus &		
Mailing Address:		Street Addres					
Registration : Division of C			Registration Section Division of Corporations				
P.O. Box 632			of Tallahassee				
Tallahassee.			onroe Street, Suite 8	10			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSE SERVICES LLC					
(Name of the Limi	ted Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)			
The Articles of Organization for this Limited L	iability Company were	filed on04/07/2021		ınd assig	gned
Torida document number L21000161932	·				
This amendment is submitted to amend the following	lowing:				
a. If amending name, enter the new name of	of the limited liability c	ompany here:			
he new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or	the abbrevia	tion "L.L	.c."
Inter new principal offices address, if appli	cable:		_		
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)				
inter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	 ROX)				
nuning data (35 m/11 DE /11 (251 Of 11 CL)					
		_ _			
3. If amending the registered agent and/or	registered office addre	ess on our records, enter the	name of t	he new	register
gent and/or the new registered office addre				<u> 183</u>	
			<u> </u>	27	* \$1
Name of New Registered Agent:	Patricia Paz Cruz		5		```
	4572 Golden Gate Pl	rwy Ant B	•••	5	•
New Registered Office Address:		Enter Florida street address			,
	No. of co.		21116		19.30°1 7 10.30°1
	Naples	, Floric	la <u>34116 </u>	·· <u>·</u>	

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.

Cin

Potricia Poz CyUZ

If Changing Registered Agent, Signature of New Registered Agent

Zip Göde

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Patricia Paz Cruz	4572 Golden Gate Pkwy Apt B	= Add
		Naples F1, 34116	□Remove
			□Change
	 		
			Remove
			□ Change
			TRemove
			D'Add
			☐Remove
			Change
			□Add
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fective date, if other than th	()	6/01/2021		(optic			
in effective date is listed, the date in	ust be specific and cann	iot be prior to d	late of filing or mo	e than 90 days after	filing.) Pu	rsuant to 6	05.020
ote: If the date inserted in this ocument's effective date on the	block does not meet Department of State	the applicable is records.	statutory filing	requirements, this	s date wil	I not be li	isted a
ecord specifies a delayed effect	ive date, but not an e	ffective time	, at 12:01 a.m. oi	i the earlier of: (b) The 90)th day at	iter the
is filed.							
June 09	20	021					
	·		•				
/ //							
Herry .	Signature of a memb	har ar authori e	al concentation o	t'a mamhar			

Filing Fee: \$25.00