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SECRETARY OF STATE

Y. SCOTT JAN 2 9 2022

## **COVER LETTER**

TO: Registration Secti Division of Corpo							
SUBJECT: Del	Soto L	10	•				
SUBJECT	Name	of Limited	Liability Company		-		
•							
The enclosed Articles of An	nendment and fee(s) a	re submit	tted for filing.				
Please return all correspond	ence concerning this n	natter to t	the following:				
			Name of Person				
		$\sim$	<b></b> .				
	JCS_	PRI	Perty Ser	rvices	_للد		
	2115 CI	eve	land Stre	e+			
			Address		SEC TA	<u>7</u> 022	
	Hollew	2000	J, FL 330	65	RETA LLA	JAN	
	7	(	City/State and Zip Code		HAS.	24	
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For further information con-				incation)	STATI E, FL	2022 JAN 24 PH 3: 19	
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Virginia	2010		ar (954) <u>245</u> -	9 2-7 7 ne Telephone Numi			
O Name of Po	erson		Area Code Daytin	ie Telephone Numi	oci		
Enclosed is a check for the	following amount:						
S25.00 Filing Fee	□ \$30.00 Filing Fee	&	□ \$55.00 Filing Fee &	□ \$60.00	Filing Fee	:.	
Ü	Certificate of Sta		Certified Copy (additional copy is enclosed)	Certifi Certifi	cate of Sta ed Copy nal copy is e	atus &	
Mailing Address:			Street Address:				
Registration Sec Division of Cor			Registration Se Division of Co				
P O Rox 6327	potations		The Centre of				

Tailahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Del Soto LLC	1	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records d Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2 DD0 7 33 </u> .	ny were filed on $\frac{4/13/2}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
JCS Property Ser	vices LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		72 - 13 5 7
		JAN 2
		NAS 4
Enter new mailing address, if applicable:		SEP PE
(Mailing address MAY BE A POST OFFICE BOX)		υ ω <b>Ο</b>
		19 TE
B. If amending the registered agent and/or registered office	e address on our records, <u>enter t</u>	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 , F10	rida 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 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

•

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	Signature o	f a member or authorized	representative of a n	nember	<del></del>

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Filing Fee: \$25.00