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COVER LETTER

TO:

	tion Section of Corporations				
РЈ С	Commercial Property Services LLC		•		
Name of Limited Liability Company					
The enclosed Artic	cles of Amendment and fee(s) are so	ubmitted for filing.			
Please return all co	orrespondence concerning this matte	er to the following:			
	Jesus F Ayala Leon				
	Name of Person				
	PJ Commercial Property	Services LLC			
Firm/Company					
	555 Northlake Blvd Apt	40			
		Address			
	Altamonte Springs, Fl, 3	2701			
	Jesusayala2005@gmail.co	City/State and Zip Code om			
	E-mail address	: (to be used for future annual report notification)			
For further inform	ation concerning this matter, please	call:			
Jesus F Ayala Lec	on	813 484-9940 at ()			
1	Name of Person	Area Code Daytime Telephone N	Kumber		
Enclosed is a chec	k for the following amount:				
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed)		
Divisior P.O. Bo	ation Section n of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJ Commercial Property Services LLC		
(Name of the Limited I	iability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi	lity Company were filed on 04/24/2021	and assigned
Florida document number L21000192027	 ·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered and/or the new registered office address h		he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	U	
	Enter Florida street address	
-	, Flor	rida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Brandon, Fl, 33511	■Remove
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			🗆 Remove
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			□Remove
			Chungo

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 filing.) Pursuant to 605.0207 (3)(b) Note: 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 records. 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 filed. Signature of a member-or authorized representative of a member Beatriz Calcano Typed or printed name of signee

Filing Fee: \$25.00