(((H230000179273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page

| To: | | | |
|-------|---------------|--------------------------------------------------------------------------------------------------|---|
| | Division of (| Corporations | |
| | Fax Number | : (850)617-6383 | |
| From: | | | |
| | Account Name | : LEGALZOOM.COM INC. | |
| | Account Numbe | er : 120010000062 | |
| | Phone | : (323)962-8600 | |
| | Fax Number | : (323)389-0502 | |
| | | | |
| | | ess for this business entity to be used for future lings. Enter only one email address please.** | • |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAJ PROFESSIONAL CLEANING SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

JAN 17 2023

Electronic Filing Menu Corporate Filing Menu

Help

P.O. Box 6327

Taflahassee, FL 32314

COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| JAJ PROI | FESSIONAL CLEANING SERV | TCES LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | | |
| | f Amendment and fee(s) are sub- condence concerning this matter | , and the second | | |
| rica e return an exircs | Cheyenne Moseley | | | |
| | | Name of Person | | |
| | Legalzoom.com, Inc. | | | |
| | | Firm/Company | | |
| | 101 N Brand Blvd 11th Fl | | . ~3 | |
| | | Address | | U23 |
| | Glendale, CA 91203 | | | 2023 JAN 17 |
| | | | | |
| | jajprocleaningservices@gm | ail.com o be used for future annual report notifi | Patient 1 | A AR |
| For further information | concerning this matter, please ca | | ······································ | · · · · · · · · · · · · · · · · · · · |
| Cheyenne Moseley | | 800) 773-0888 at () | | |
| Name | of Person | Area Code Daytime | Telephone Number | - |
| Enclosed is a check for | the 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 Filing Fe Certificate of Si Certified Copy additional copy is | tatus & |
| Regis | ANG ADDRESS: tration Section on of Corporations | STREET/COURIE Registration Section Division of Corpora | | |

Clitton Building

Tallahassee, FL 32301

2661 Executive Center Circle

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JAJ PROFESSIONAL CLEANING SERVICES LLC | | | |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------|-----------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our Liability Company) | records.) | - |
| The Articles of Organization for this Limited Liability Company | were filed on 05/10/2021 | l a | nd assigned |
| Florida document number 1.21000218055 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | offity company here: | | |
| JAJ Professional Services E.L.C | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | hty Company," the designatio | n "LLC" or the abbrevial | ion "L L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | قنة |
| | | | <u></u> |
| | | | |
| Enter new mailing address, if applicable: | | | AH 17 AH 10: 50 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> |
| | | | <u>.</u> : |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ecords, <u>enter the r</u> | name of the ne |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Fluvida sirce) | (address | |
| | | Florida | |
| | Cny | Zη | Coche |
| 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To. Page 5 of 6 2023-01-17 04 13:28 PST LegalZoom com, Inc. From Sylvia Paull

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 = M AMBR = A | anager uthorized Member | | |
|---------------------|----------------------------|--------------|-------------------------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remov 2 |
| | | | Cliange 17 |
| | | | Cliange Z |
| | | | □ Add A D D D D D D D D D D D D D D D D D |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |

| | | | | | | • | | |
|-----------------------|--------------------------------------------------------------------------------------|----------------|-----------------|------------------------|---------------------------------------|-------------------------------------------------|--------------------------------------|---------------------|
| | | | | • | | | | |
| | | , | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | •• | | | · | | ····- | | |
| | · · · · | | | | | | | |
| | | | | | | | | , |
| | | | | | | | · | , |
| H———— | | | | | | | | |
| | | | | | | | | ∢. |
| | | | | | | | - , | · |
| | | | | | | | a ' | . ځ د |
| | | | | | | | | _ |
| <u>ote:</u> Trithe di | e, if other than the is listed, the date in ate inserted in this fective date on the | block does not | meet the appli- | table statutory f | or more than 90 d illing requireme | (optional) sys after filing) F nts, this date w | Porsuant to 505. ill not be liste | 0207 (3 d as the |
| | ecifies a delay day after the re | | | ot an effectiv | e time, at 1 | 2:01 a.m. or | n the earlie | r of: |
| ned <u>be</u> | cember A | 17 | 2022 | · · | | | | |
| | 7 01 4 | ~ · · | |) orized representa | | | | |

Page 3 of 3

Filing Fee: \$25.00