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COVER LETTER

SUBJECT:	AJ's & Speci	alty Services, LL	1
	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
FO: Registration Section Division of Corporations SUBJECT: A J's P Specialty Survices, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Angela James Name of Person Firm/Company 2840 Funston Address Hellyword, FL 33020 City/State and Zip Code ajspecialty/Survices/Ic@ gmail. Com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela James Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Division of Corporations SUBJECT: A J's P Specialty Services, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Angela James Name of Person Firm/Company 2840 Funston St. Address Hellyword, FL 33020 City/State and Zip Code Asspecialty/Services/Ic@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela James Name of Person at (954) Area Code Daytime Telephone Number Einclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status & Certificat Copy (additional copy is neclosed) Certificate of Status & Certificat Copy			
		Firm/Company	
	25	140 Funston St.	
	ajspecialty	City/State and Zip Code Scrvices/Ic@gm	ail.com
For further information con			notification)
Angela.	James	at (<u>954</u>) 38	3-2730
Name of P	erson	Area Code Da	ytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A)'s Specialty Servi	ices, LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L21000243668</u>	iled on 05/25/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address	s on our records, enter the name of	(¹) he new register
agent and/or the new registered office address here:		
Name of New Registered Agent:	()	· · ·
New Registered Office Address:	>	!
	Enter Florida street address	
	, Florida	
City	v Z_{ij}	o 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Angela James	2840 Funstan St. Hollywood, Fl 33022)_XiAdd
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day	after the
ted July 23 . 2021		
At-hand		
Signature of a member of authorized representative of Angela James	a member	_