L21000291957

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COVER LETTER

TO:

TO:	Registration Se Division of Cor		.•
i.		E SERVICES, LLC	
SUBJE	C1:	Name of Lim	ited Liability Company
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please r	eturn all correspo	ndence concerning this matter	to the following:
		JUANITA M. ARTIS	
			Name of Person
		J & J TITLE SERVICES, I	LLC
			Firm/Company
		1820 NE 163rd Street, STE	300
			Address
		North Miami Beach, FL 33	162
		info@jandjtitle.com	City/State and Zip Code
		* · · · · · · · · · · · · · · · · · · ·	to be used for future annual report notification)
For furt	her information co	oncerning this matter, please ca	all:
Juanita	M. Artis		786 342-5620 at ()
	Name of	f Person	Area Code Daytime Telephone Number
Enclose	d is a check for th	ne following amount:	
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 NOV 22

J & J TITLE SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/23/2021}{}$ and assigned Florida document number <u>L21000291957</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
MGR	Morris Smith	1820 NE 163rd Street, STE 300	□Add
		North Miami Beach, FL 33162	■Remove
			□ Change
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	11/14/2022
Effective date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:
Note: If the date in	inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
document's effecti	ive date on the Department of State's records.
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