

121 000 374 570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

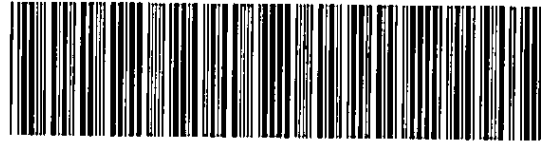
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 01 2021
TALLAHASSEE, FL

PRUCE
SEP 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUST EXCEPTIONAL 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:

Estephania COLONDRÉS
Name of Person

JUST EXCEPTIONAL SERVICES LLC
Firm/Company

14310 COMMONWEALTH AVE N.
Address

POIK City, FL 33868
City/State and Zip Code

mailing address: PO BOX 602 POIK City, FL 33868
JESERVICES21@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Estephania COLONDRÉS at (407) 473-1020
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

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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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

(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 _____ and assigned Florida document number _____.

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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 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>	<u>Address</u>	<u>Type of Action</u>
CEO	Jorge L. COLONDRÉS	14310 COMMONWEALTH AVE N	☒ Add
		Polk City, FL 33868	☐ Remove
			☐ Change
Secretary	Estephania COLONDRÉS	14310 COMMONWEALTH AVE	☐ Add
Treasurer		N. Polk City, FL 33868	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Change

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TALLAHASSEE, FL

2021 SEP -1 PM 1:00
SECTION 15.00
TALLAHASSEE

SEP 01 2002
TALLAHASSEE
FL

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.

Dated August 24, 2021.

Signature of a member or authorized

Signature of a member or authorized representative of a member

Eotephania COLONIDES
Typed or printed name of signee

Typed or printed name of signee