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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	TUOT EXCEPT Name of Lim	-IDNAL <u>DETVL (</u> ited Liability Company	2 <i>69 LL</i> C	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Tonge Tuot Ex	CO/ONA/ZEO  Name of Person  COLONA/ZEO  Person  Person	TVCES UC.	
	14310 COM	Address	ve N.	7023 JUH
Pailing:	TODENVICES  E-mail address:	City/State and Zip Code  Out Of Code  Out Out Of Code  Out Of Code  Out Out Of Code  Out	00 0m fication)	-8 FM 9: 2
For further information	concerning this matter, please ca	all:		် တ
	O/DN/C1789 of Person	at ( <u>40+</u> ) <u>415 -</u> Area Code Daytim	0885 c 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 Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Exceptional S	DERVICES LLC any as it now appears on our recoi	rds.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{21000374570}{}$ .	y were filed on $8/20/7$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
		. N
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	
		1,52
Enter new mailing address, if applicable:		
		7:
muning marcs, may m. at the office now		Fig. 6
	address on our records, ente	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address.		
(Name of the limited Liability Company is it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 8/20/2021 and assi, Florida document number 120/000371/5.70.  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 "LLC" and the abbreviation "LLC" or the abbreviation "LLC" and the abbreviation "LLC" and the abbreviation "LLC" or the abbreviation "LLC" and the abbreviation and office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS)  Enter new 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address.  Enter Florida street address  Florida	ess	
	Į.	Torida
	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 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> Address **Type of Action** <u>Name</u> PRESIDENT JORGE W. CHUY 14310 COMMONWORTH NAND AUR N. POIK CITY, FR PRemove <u>33909</u> □Change V. PRESIDENT JORGE L. COLONOTIES 14310 COMMONWEALTH -Add AUC N POIK CIty, Fl | Remove Secretary 33869 Change Schange Freasurer Extephania Colonomes 14310 Commonweath Fadd Ave N. POIK CIty, Fl DRemove 33969 \_\_\_\_\_ □Add \_\_\_\_\_ Change Remove

\_\_\_\_\_ □Change

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an effecti lote: If t	e date, if other than the date of filing:  (optional) tive 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 6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lat's effective date on the Department of State's records.	
record si I is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day a d.	ifter the
ated	JUNE 9  Anathre of a member or authorized representative of a member	·
	TUTTO 1. COLONIA 293	