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21 SEF 20 PH 1: 25

COVER LETTER

LLC.

TO: Registration Section Division of Corporations	
SUBJECT: JINGING Name of L	Enterprise Services imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
Joyc	e Jimenez-Mathews
Junene 2	Enter prise Services LLC.
2015 N	W. 191 Street
Mioimi	G-ordens FL 33056. City/State and Zip Code
TOUC O E-mail addres	City/State and Zip Code Timener 8743 E1C/04d. Cora s: (to be used for future annual report notification) e call:
For further information concerning this matter, pleas	e call:
July Jimerez-Mat	Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \square \text{S30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

	· · · · · · · · · · · · · · · · · · ·
	The Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $9/1/2021$ and assigned
Florida document number <u>L D 1 000 391</u>	495
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	enter r torida street daaress
	, 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 21 SEF 20 PH 1: 25 Address Type of Action **Title** Name AMBR JOYCE J. Mencz-Methers DUIS N. J 191 ST DAD ___ Remove 2015 NU 191 ST MIGHT DOMANGE _____ □Remove ___ □Change □Remove _____ □Change _____ □Change □Remove _____ Change _____ Remove

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file	J.							The 90th day after th
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		/ 	Signatur	e of a member	r or authorized r	epresentative of	a member	
	•						atthew	

Filing Fee: \$25.00