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| , , , , , ,                             |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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19-16-21 TAS

## **COVER LETTER**

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

TO:

| JA & JL Se<br>SUBJECT:                  | ervices LLC   |   |   |
|---|---|---|---|
|   | Name of Lin   | nited Liability Company   | <del>-</del>  |
| The enclosed Articles of                | Amendment and fee(s) are sub                          | omitted for filing.   |   |
|   | ondence concerning this matter                        |   |   |
|   | Judith Alexis   |   |   |
|   |   | Name of Person  |   |
|   |   | Firm/Company  |   |
|   | 7157 Narcoossee Rd #106                               | 7   |   |
|   |   | Address   |   |
|   | Orlando FL  |   |   |
|   | <del> </del>  | City/State and Zip Code   |   |
|   | Jdthalexis18@gmail.com                                |   |   |
| For further information c               | n-mail address: (<br>concerning this matter, please c | to be used for future annual report noti<br>all:                    | ilication)  |
| Judith Alexis                           |   | 863 288-4896<br>at ()   |   |
| Name o                                  | f Person  | Area Code Daytim  | e Telephone Number  |
| inclosed is a check for the             | ne following amount:                                  |   |   |
| <b>■</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addres</u><br>Registration S |   | <u>Street Address:</u><br>Registration Sec                          | ction   |
| Division of C                           | orporations   | Division of Cor   |   |
| P.O. Box 632                            | 7   | The Centre of T   | allahassee  |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA & JL SERVICES LLC

| (Name of the Limit  | ed Liability Compa<br>(A Florida Limited  | nny as it now appears on our re<br>Liability Company)  | cords.)  |
|---|---|--|--|
| The Articles of Organization for this Limited Li Florida document number 1.21000405554  |   | were filed on 09/13/2021                               | and assigned   |
| This amendment is submitted to amend the follo  |   |  |  |
| A. If amending name, enter the new name of  | the limited liab  | ility company here:                                    |  |
| JA & JL SERVICES LLC  |   |  |  |
| The new name must be distinguishable and contain the we   | ords "Limited Liabil  | lity Company," the designation "                       | LLC" or the abbreviation "L.L.C."                                |
| Enter new principal offices address, if applica   | able:   | 7157 Narcoossee Rd #1063                               | 7  |
| (Principal office address MUST BE A STREE   |   |  |  |
|   |   |  | (***)  |
| Enter new mailing address, if applicable:   |   | 7157 Narcoossee Rd #1067                               |  |
| (Mailing address MAY BE A POST OFFICE I   | 3 <i>0X</i> )   | Orlando FL 32822                                       |  |
|   |   |  | S E E E E E E E E E E E E E E E E E E E                          |
| B. If amending the registered agent and/or reagent and/or the new registered office address   | s here:   | nddress on our records, <u>en</u>                      | ter the name of the new register                                 |
| Name of New Registered Agent:   | Judith Alexis   |  |  |
| New Registered Office Address:  | Registered Office Address: 7157 Narcoossee Rd #1067  Enter Florida street address |  |  |
|   |   | dress  |  |
|   | Orlando   |  | Florida 32822  |
| New Registered Agent's Signature, if changing R   | egistered Agent:  | City   | Zip Code   |
| I hereby accept the appointment as registered<br>provisions of all statutes relative to the prope<br>accept the obligations of my position as regis<br>being filed to merely reflect a change in the re<br>company has been notified in writing of this c | r and complete<br>tered agent as p<br>egistered office                            | performance of my duties<br>provided for in Chapter 60 | , and I am familiar with and<br>95, F.S. Or, if this document is |

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> | Address     | Type of Action |
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| Tective date, if other               | r than the date of filing: the date must be specific and cannot be prior to date o        | (option                             | ial)                      |
| ote: If the date insert              | ed in this block does not meet the applicable state on the Department of State's records. | tutory filing requirements, this of | late will not be listed a |
| redirective de                       | te on the Department of State 8 rections.   |                                     |                           |
| record specifies a dela<br>is filed. | yed effective date, but not an effective time, at I                                       | 2:01 a.m. on the earlier of: (b)    | The 90th day after the    |
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| ated                                 | 2021  |                                     |                           |
| ·····                                | \'  |                                     |                           |
|                                      | Signature of a member or authorized re  | <del>}</del>                        |                           |