L21000423394

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COVER LETTER

TO: **Registration Section Division of Corporations** JJ PILOT SERVICES LLC SUBJECT: _ 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: JAMES J HAPP Name of Person JJ PILOT SERVICES LLC Firm/Company 3619 GATLIN PLACE CIRCLE Address ORLANDO/FLORIDA 32812 City/State and Zip Code JJPILOTSERVICESLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 380-6808 JAMES J HAPP Daytime Telephone Number Name of Person

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

JJ FILOT SERVICES ELC		
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companion L21000423394	y were filed on September 27, 2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility 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: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
		•
<u> </u>	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

HOW OF CEDVICES LLC

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>	<u>Name</u>	Address	Type of Action
MGR	JAMES J HAPP	3619 GATLIN PLACE CIRCLE	
		ORLANDO, FLORIDA 32812	
			□Remove
			□Change
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Do	t be specific and cannot be prior ock does not meet the applic	able statutory filing require	(optional) 90 days after filing.) Pursuant to 605 ements, this date will not be list	5.0207 ed as
ecord specifies a delayed effective is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day afte	er the
October 8	2021			
ited	Signature of a member or auth	·		
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