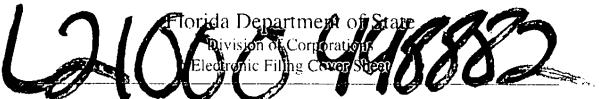
4/12/23, 7:55 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000136503 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future ப்புள்ள annual report mailings. Enter only one email address please. ത്ലായ വാട്ട് Email Address:_

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JRL STAFFING GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

T. LEMIEUX

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

(((H23000136503 3)))

TO: Registration Division of C			
SUBJECT.		FFING GROUP LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	····
	HOUSTON TX. 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address; (to be used for future annual rep	ort notification)
For further information	concerning this matter, please c	alf:	
LOVETTE DOBSON		at ()	888-462-3453 Daytime Telephone Number
Name	of Person	Area Code	Daytime 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 enclose	Certificate of Status &

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

TO ARTICLES OF ORGANIZATION OF

	JRL STAFFING GROUP LLC		
(Name of the Lin	nited Liability Company as it now appears (A Horida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	10/13/2021	and assigned
Aorida document number1.210004488			
his amendment is submitted to amend the fo	Howing:		
. If amending name, enter the new name	of the limited liability company her	<u>'e</u> ;	
AR MANAGEMENT SERVICES LLC			
he new name must be distinguishable and contain the	words "Limited Fiability Company," the de-	signation "LLC" or the a	bbreviation "Lift,C"
Inter new principal offices address, if appl	fauldu.		
Principal office address MUST BE A STRE	<u>[ET ADDRESS)</u>		
		· · · · · · · · · · · · · · · · · · ·	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		2023
			دع
		:	*;
. If amending the registered agent and/or	registered office address on our re-	cords, <u>enter the nan</u>	ne of the new registe
gent and/or the new registered office addr	<u>ess here</u> :	••	. TO (C)
			⊐x:
Name of New Registered Agent:	REPUBLIC REGISTERED AGEN	ruc <u>§</u>	
New Registered Office Address:	1150 Nw 72nd Ave Tower I Ste 45	5	
	Oner Flori	la street address	
	Miam	, Florida 🚉	126
	City		Zw 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.

Wesley Dolern If Changing Registered Xgent, Signature of New Registered Agent 4/12/2023 14:08:40 CDT

(((H23000136503 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000136503 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alexander Mendez	408 NE Sixth St	
		Fort Lauderdale, TX 33304	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			ElChange
			□Add
			Remove
			⊡Change
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		· · · · · ·			
	5				
E. Effective date, if other than t	he date of filing:		(optional)	
E. Effective date, if other than to the effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the a	pplicable statute	ing or more than ⁹⁰ days ry. Tiling requirements	after filing.) Pursuant to 605 s, this date will not be liste	0207 (3)(5) ed as the
of the record specifies a delayed effect record is filed.	tive date, but not an effect	ive time, at 12:0	l a.m. on the earlier o	of: (b) The 90th day after	the
Dated April 12th	2023	·			
Dated April 12th	Regnature of a member of	el Lucy-	entative of a member		
		<i>U</i> ⊂ Rafael Lugo			

Typed or printed name of signee