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COVER LETTER

TO:	Registration Se Division of Cor		·			
		ICES COMPANY LLC	;	·		
SUBJE	SUBJECT:Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please 1	return all correspo	ondence concerning this matter	to the following:			
		MIGDALIA MATOS				
			Name of Person			
		MJJ SERVICES COMPA	NY LLC			
	Firm/Company					
	VAPT 202					
			Address			
			City/State and Zip Code	76		
		MJJSERVICES@HOTMA	IL.COM	E ST		
			to be used for future annual report notification)	1023 RPR 14		
For fur	her information c	oncerning this matter, please c	all:	F 77.		
MIGD	ALIA MATÓS		407 579-0457	بند. سب		
	Name o	f Person	Area Code Daytime Telephone Number			
Enclose	ed is a check for the	he following amount:				
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is en	tus &		
	Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	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

MJJ SERVICES COMPANY LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>ears on our records.</u>) y)
The Articles of Organization for this Limited I		01/22/2022 and assigned
lorida document number 22000042264	·	
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		100 SER
		\$ \frac{1}{5} \frac{1}{5}
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		6
 If amending the registered agent and/or gent and/or the new registered office addr 		r records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	ILIANA MATOS	
New Registered Office Address:	2858 CLIPPER COVE LN	
res registered Affice Address.	Enter l	Florida street address
	KISSIMMEE	, Florida ³⁴⁷⁴¹
	City	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUS E SANTOS	7629 BRANDYWOOD CIR, ORLANDO FL	□Add
		32792	■Remove
			□Change
MGR	ILIANA MATOS	2858 CLIPPER COVE LN	= Add
		KISSIMMEE FL 34741	🗀 Remove
			20 Add
			☐ Add
			□Remove
			□Change
			□Add
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L'éfasti	ive date, if other than th	o data of filing	04/18/2023		(on	tional)	
If an eff <u>Note:</u>	fective date is listed, the date in If the date inserted in this nent's effective date on the	ust be specific and block does not m	cannot be prior to neet the applicab	date of filing or m	ore than 90 days af	er filing.) Purs	
e recor rd is fil	rd specifies a delayed effect led.	ive date, but not	an effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The 90t	th day after the
Dated	4/10	,	2023	_ ·			
		muya	$\omega \sim 10$	A representative	of a member		
		Signatily of a fi	nemoer or audior	ized representative	or a member		

Typed or printed name of signee