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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Juri	Sic Creaning Ser	rvice LLC	
	value of Elline	ca Etabrity Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	SteFan	n Jurisic Name of Person	
	Jurisic C	leaning Service Firm/Company	LLC
	3259 G	lendyne Dr. E	
	JackSonville	Florida, 3221 City/State and Zip Code	.6
	grujo 1963 E-mail address: (1)	Be Vahoo Com be used for future annual report noti	fication)
For further information	concerning this matter, please ca		
Stefan J	UriSiC of Person	at (<u>904</u>) - <u>314</u> - Area Code Daytim	678 ne Telephone Number
Enclosed is a check for	the following amount:		
※ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•) r	77.5	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000180846</u> .	any as it now appears on our Liability Company)	C records.) 72 MY 16 AN SSECURIAN S	1= 0
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		the Dr. E. FL, 32216	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3259 Giena Jack Sonville,		
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 name of the new registere	<u>d</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
		121 • 1	
	City	Florida 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 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>	Name	Address	Type of Action
MGR	Stefan Jurisic	3a59 Glendyne Dr. E, Jacksonville, FL. 3aa16	X Add
			□Remove
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<u>te:</u> If	date, if other than the date of filing: 5/16/202 (optional) ive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
cord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	5/16/2022
	Signature of a member or unhorized representative of a member

Filing Fee: \$25.00