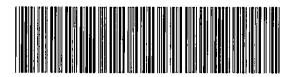


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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
	VICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MORALES PEDROSO JO	OSE LUIS	
		Name of Person	
	JTL SERVICES LLC		
	4	Firm/Company	
	3830 BARKDALE CT		
		Address	
	JACKSONVILLE FL 322	77	
		City/State and Zip Code	
	jtlplumbing1@yahoo.com		
n na ta z		to be used for future annual report not	fication)
	concerning this matter, please c	an:	
JOSE MORALES		904 450-3639 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTL PLUMBING SERVICES LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Hability Company)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited I Florida document number 1.22000201183	Liability Company	were filed on	and assigned	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
ITL & CU SERVICES LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter none oringinal office address if another	ioubla:	3830 BARKDALE CT		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE FL 32277		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> E BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>enter the</u>	name of the new register	
Name of New Registered Agent:	MORALES PE	DROSO JOSE I.	N M	
New Registered Office Address:	3830 BARKDA	ALE CT Enter Florida street address	SSEE-FI	
	JACKSONVII.		平岳 5 32277	

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, <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
		.	🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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*******			□Add
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	07/02/2024
(If an ef) <u>Note:</u>	ve date, if other than the date of filing:
ne recor ord is fi	d 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 ed.
	07/02/2024
Dated	·
	Signature of a member or authorized representative of a member