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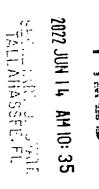
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJI	ECT: J+M	Ultimate G	QUOLITY Cleanife ited Liability Company	g LIC.
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Jennifer	Cortez-Flores	<u> </u>
		J+M Ultim	nate Quality Clear	ing LC
		204 Edge	WOOD AVE	
		Crescent C Jennifer E-mail address:	City/State and Zip Code Cyr 10200000000000000000000000000000000000	Mail, com
For fur	ther information con	cerning this matter, please ca	all:	
Jer	Nifer Cor	H2-Flores Person	at (<u>386)</u> <u>295 - 3</u> Area Code Daytime Te	8693 Jephone Number
uncios	ed is a check for the	following amount:		
₹ \$2	5,00 Filing Fee	□ \$30.00 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 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

-RTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

J+M Ultimate QIA	lity Cleani	MQ L 2022 JUN 14 AM 10: 35				
(Name of the Limited Liability Con	npany as it now appears of ed Liability Company)	on our Jecords. DEUNE MANY SEE ST				
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22 DOD 20 8485</u> .	. 1 .	<u> </u>				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li	iability company here	:				
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desi	gnation "L.L.C." or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office	ce address on our rec	ords, enter the name of the new register				
agent and/or the new registered office address here.						
Name of New Registered Agent:						
New Registered Office Address:						
Enter Florida street address						
		Florida				
Nam Dogistarud Agant's Signatura if shanging Dagistarad Aga	City nt:	Zip Code				
New Registered Agent's Signature, if changing Registered Age						
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple						

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Type of Action** <u>Name</u> <u>Address</u> Jennifer Cortez-Hores 204 Edgewood Ave who MGR Crescent City FI 32112 AMBR Jennifer Curlez-Flores 204 Edgewood Ave Crescontcitt Fl 32112 - Remove _____ □ Change

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Note: If the date inserted in	this block doc	es not meet t	the applicabl	e statutory riji	ng requirement	s, this date wi	n not be list
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record specifies a delayed o	effective date	but not an e	flective time	at 12:01 a m	on the earlier	of (h) The 9	0th day afte
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Dated		<u> </u>		•			
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