L22000296946

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/: Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



100391904741

TO THE RESERVE OF THE PROPERTY OF

022 AUS -5 AII IO: 40

2022 AUG-5 AH 10: 21

JALŠĖE FLORID

क्षित्र होत्र है

COVER LETTER

Division of Corporation	8			
SUBJECT: L&J S	Name of Limited L	L L C iability Company		
The enclosed Articles of Amendment	ent and fee(s) are submitted	d for filing.		
Please return all correspondence co	oncerning this matter to the	following:		
	ian de la	Name of Person		
	. &) Sesvic	Firm/Company		
_33	Ella st	Address		
_ <i>\text{\tint{\text{\tint{\text{\tin}\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}}\\ \tittt{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\texi}\tint{\text{\ti}}}\tittt{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{</i>	<u>Arlbourne</u>	7-1, 32 Cy/State and Zip Code	3 5	
	E-mail address: (to be u	CFL.Y	ort notification)	<u> </u>
For further information concerning	this matter, please call:			
Juan de la Ci Name of Person	(UZ	_ at (<u>32\</u>)_ <u>35</u> Area Code	5 - () 6 Daytime Telepho	3 (ne Number
Enclosed is a check for the followi	ng amount;			
	.00 Filing Fee & rtificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		_		

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT

TO
ARTICLES OF ORGANIZATION
OF

2220

_ L&J Ser	vice Pro LLC	ZUZZ AUG -5 AH 10: 40
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number 1 220000		and assigned
This amendment is submitted to amend the follows	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Flor	
	City	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Juan de la Cruz	33 E11a St.	IZ/Add
		Melbourne F132935	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
Note:	te date, if other than the date of filing:	07 (.) as tl
ord is tile		c
Dated _	Signature of a member of a member Signature of a member Typed or printed name of signee	
	•	

Filing Fee: \$25.00