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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	1 B		
The end	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Claudia Bellian Name of Person		
	Jansa gental Service LLC Firm/Company		
	4836 Golfview Blvd Address		
	Lehigh Acus F(33973 City/State and Zip Code		
	E-mil address: (to be used for future annual report notification)		
For fu	orther information concerning this matter, please call:		
<u></u>	Name of Person at (9/3) 401-9013 Area Code Daytime Telephone Number	2022 NOV 2	
Enclos	sed is a cheek for the following amount:	- 28 - 3	: - : - ن :
□ \$:	25.00 Filing Fee Solutional copy is enclosed) Solutional copy is enclosed) Solutional copy is enclosed) Solutional Filing Fee Solution Certificate of Status Solutional Copy is enclosed) Solutional Filing Fee Solution Filin	AH II: 26	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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
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Effective date, if other than the date fan effective date is listed, the date must be specified.	ecific and o	cannot be pri	or to date of	filing or mo	e than 90 day:	optional) safter filing	.) Pursuant t	o 605.0207
Note: If the date inserted in this block d document's effective date on the Depart	nent of St	ate's record	ls.	utory marg	requirement	s, tills date	WILLIOUG	e nsieu as
record specifies a delayed effective dated is filed.	, but not a	m effective	time, at 1	2:01 a.m. o	the carlier	of (b) Ti	ie 90th day	after the
Dated 11 / 28 - 2022 Sign: Claudia			Th 1					
Sign	iture of a m	nember of au	ukorized rep	oresentative of	f a member			

Filing Fee: \$25.00