# L27000337183

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT MAII	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Name was approved in error. A free amendanes of was issued. To fix error.	g d
mTm	





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2022 SEP 19 PM 1: 37

# ATION:

:1)

Division of Corporations

August 16, 2022

JOSE VEGA 12337 WYNNFIELD LAKES DR, 411 JACKSONVILLE, FL 32246

SUBJECT: JAX GENERAL SERVICES LLC

Ref. Number: L22000337283

This is to advise you that on August 1, 2022, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Matthew T Moon Regulatory Specialist II Supervisor New Filing Section

Letter Number: 522A00018273

2022 SEP 19 PM 10: 50

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
O		Services LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Jose F. Vega		
			Name of Person	
		Duval General Services L1	.C	
			Firm/Company	
		12337 WYNNFIELD LAK	CES DR Api#411	
			Address	
JACKSONVILLE, FL 32246				
			City/State and Zip Code	
		jfvega.ch@gmail.com	to be used for future annual report notification)	
For fu	rther information co	oncerning this matter, please c		
	F. Vega		954 299-1612	
	Name of	f Person	at () Area Code Daytime Telephone Number	
Enclos	sed is a check for th	ne following amount:		
<b>≡</b> \$:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	777

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jax General Services LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u> ) Liability Company)		
ne Articles of Organization for this Limited Liability Company	were filed on August 01, 2022 ar	nd assigned	
orida document number 1.22000337283			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
uval General Services LLC			
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviat	ion "L.L.C."	
nter new principal offices address, if applicable:	12337 WYNNFIELD LAKES DR Apt#411		
rincipal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32246		
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office	address on our records, <u>enter the name of t</u>	he new reg	
ent and/or the new registered office address here:			
N. CN. De internal Assents			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Emer Provide Sirver address		
	, Florida	Code	
	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: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jose F. Vega	12337 WYNNFIELD LAKES DR APT#411	□Add
		JACKSONVILLE, FL 32246	□Remove
			□ Add
			□Remove
			□Change
			□Add
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ective date, if other than the o	late of filing:		(optional)	
a effective date is listed, the date must	be specific and cannot be prior to	date of filing or more than ' le statutory filing require	90 days after filing.) Pu ements, this date wil	irsuant to 605.020 Il not be listed as
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cument's effective date on the Dep	date, but not an effective time	e, at 12:01 a.m. on the ea	arlier of: (b) The 9	0th day after the
	date, but not an effective time	e, at 12:01 a.m. on the ea	artier of: (b) The 9	0th day after the
cument's effective date on the Depe	2022	e, at 12:01 a.m. on the ea	arlier of: (b) The 9	0th day after the