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(1/22/2023

COVER LETTER

Registration Section Division of Corporations

JE-SA BAI (ECT:	KERY AND MORE LLC	** }			
ECI.	Name of Lim	ited Liability Company			
melosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
æ return all correspo	ondence concerning this matter	to the following:			
	Skyi Hubbard				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	New Bussiness Filing				
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yi Hubbard		888 701-6450			
Name o	f Person	at () Area Code Daytime	e Telephone Number		
nclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sou.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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JE-SA BAKERY AND MORE LLC

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(Name of the Limited Liabil) (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)	SECRE J. J. STAT TALLAMASSEE, FL	
Articles of Organization for this Limited Liability C	Company were filed on 08/12/2022	and assigned	
ida document number L22000355189			
s amendment is submitted to amend the following:			
If amending name, enter the new name of the lim	ited liability company here:		
SA Multiservices LLC			
new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
ter new principal offices address, if applicable:			
incipal office address MUST BE A STREET ADDI	RESS)		
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE BOX)			
			
If amending the registered agent and/or registere ent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, enter the	name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
	. Flori	, Florida	
	Ciķ	Zip Code	
w Registered Agent's Signature, if changing Registere	d Agent:		
nereby accept the appointment as registered agent ovisions of all statutes relative to the proper and c cept the obligations of my position as registered a ing filed to merely reflect a change in the register ompany has been notified in writing of this change.	complete performance of my duties, and a gent as provided for in Chapter 605, F.S ed office address, I hereby confirm that t	l am familiar with and 5. Or, if this document is	
	ii Changing Registered Agent. Signature of N	cw Registered Agent	

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

t = Manager R = Authorized Member

<u>Name</u>	Address	Type of Action
 		□Add
		□Remove
		□Change
		□Remove
		Change
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		□Remove
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tive date. If other than the da	ite of fillnø:		(optional)
tive date. If other than the da feetive date is listed, the date must be If the date inserted in this block nent's effective date on the Depa	t does not neet the applic	able statutory filing	re than 90 days after filing requirements, this date	g.) Pursuant to 605.0207 e will not be listed as
rd specifies a delayed effective d iled.	ate, but not an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after the
October 28	. 2022		7 1	
		BHY EN	2mid)	
Sig	mature of a member or and	unzed representative	i a member	