L22000392104

(Requestor's Name)
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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

JELMULT Subject:	ISERVICES LLC				
	Name of Lin	nited Liability Company		VITAL PARSIAN PARSIAN	2023 NOV 27
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		HASSI	N 27
Please return all correspo	ondence concerning this matter	to the following:		T OF S ORPOS, EE.FLO	AM II
	OCHOA, EVELYN			AUDY MONE	AM 10: 13
		Name of Person		_	
		Firm/Company		_	
	435 Cameo Court			_	
		Address			
	Saint Cloud, FL 34769				
		City/State and Zip Code		_	
	ochoaevelyn1984@gmail.c				
	E-mail address: (to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	all:			
OCHOA. EVELYN		407 980459 at ()	,		
Name o	f Person	Area Code Daytir	ne Telephone Numbe	r	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Stat	us &
Mailing Addres		Street Address:	tion		
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632		The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JEI MULTISERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 09/07/2022	and assigned
Florida document number 1.22000392104		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
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 a	iddress on our records, enter	r 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 addre	788
	, F	lorida
	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 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>	Name	Address	Type of Action
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			□Change □9) V: :: : : : : : : : : : : : : : : : :
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Filing Fee: \$25.00