22000458293

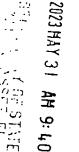
(Re	questor's Name)	
(Ad	dress)	
/Δ۵	dress)	
7.0	uic33)	
(Cit	y/State/Zip/Phone	e #)
_		-
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(22		,
(Do	cument Number)	
Certified Copies	Certificates	of Status
		+2
Special Instructions to I	Filing Officer:	
		ľ
		İ

Office Use Only



800403763218

617/23 VIM



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: TEL	- Junk Ren Name of Limi	NOVAL AND GENE ited Liability Company	eval Services, LL
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jessica	Name of Person	<u> </u>
	Ja L Ge	NEVAL SEVVICES,	LLC
	719 EU	d Mal DV. Address	
	Davenpo	OX4, FL 33897 City/State and Zip Code	
	Machee Company of the	to be used for future annual report notion	COM fication)
For further information cor	ncerning this matter, please ca	all:	
JCSSI CA	umusine Person	at (321) 503 · L Area Code Daytim	+134 c Telephone Number
Enclosed is a check for the	following amount:		
\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

JEL JUNE Removal and General Services, uc (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Enter Florida	street address	
Enter Florida	street address	
ice address on our reco	ords, enter the name	of the new registere
-	<u> </u>	- 10
	<u>(ग्रेट)</u> (ग्रीक	<u>₹</u>
		ω -
	 اوخوا	HAY T
		2028
iability Company," the design	enation "LLC" or the abbre	eviation "L.L.C."
Table (Company Here.	111. 111	٨
liability somnany bara		
any were filed on	1/20/22	and assigned
	liability company here Liability Company," the design	liability company here: Liability Company," the designation "LLC" or the abbr

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
			□ Add
			□Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) be abreviated General services unlimited UC E. Effective date, if other than the date of filing: __ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.