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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JURADO'S SRVICES

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBEIRO JURADO

Name of Person

JURADO'S SERVICES

Firm/Company

719 WHITNEY AVE STE 6

Address

LANTANA FL 33462

City/State and Zip Code

ALBEIROJURADOMARTINEZ@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBEIRO JURADO

561 909 - 8753
at ()

Name of Person

Area Code

Daytime 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**

JURADO'S SERVICES

(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 11/14/2022 and assigned
Florida document number L22000493505.

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.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 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

City, **Florida** *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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBEIRO JURADO	719 WHITNEY AVE	<input type="checkbox"/> Add
		SUITE 6	<input type="checkbox"/> Remove
		LANTANA FL. 33462	<input checked="" type="checkbox"/> Change
AMBR	LUZ VASCO	719 WHITNEY AVE	<input type="checkbox"/> Add
		SUITE 6	<input type="checkbox"/> Remove
		LANTANA FL. 33462	<input checked="" type="checkbox"/> Change
CFO	MARIOL JURADO	719 WHITNEY AVE	<input type="checkbox"/> Add
		SUITE 6	<input checked="" type="checkbox"/> Remove
		LANTANA FL. 33462	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN: 37-2068604, see attached documents.

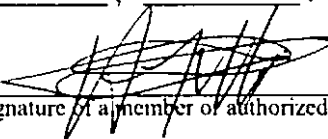
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

Dated DECEMBER 22, 2022



Signature of a member or authorized representative of a member

ALBEIRO JURADO

Typed or printed name of signer



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0153205414
Dec 23, 2022 LTR 147C
37-2068604

JURADOS SERVICES LLC
ALBEIRO JURADO SOLE MBR
719 WHITNEY AVE STE 6
LANTANA FL 33462

Taxpayer Identification Number: 37-2068604

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of December 23rd, 2022.

Your Employer Identification Number (EIN) is 37-2068604. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Morrow
1003376892
Customer Service Representative