# 13300033189

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
ec Copies Certificates of Status			
• 2:ral Instructions to Filing Officer:			
LOPNE			
J. HORNE FEB 2 0 2023			
- · <u></u>			

Office Use Only



600402809546

2023FEB 20 AH 9:46 AH

OIT PALLAHASSEE FLORIDA

DEVEIVED

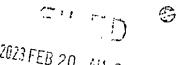
# **COVER LETTER**

TO:	Registration Se Division of Cor			
emb ii		IR SERVICES, LLC		
SUBJE	:C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JUSTIN D SPEAKS		
			Name of Person	
		JDS REPAIR SERVICES.	LLC	
			Firm/Company	
		4712 GALLAGHER RD		
			Address	<del></del>
		PLANT CITY		
			City/State and Zip Code	
		SPEAKSJU@GMAIL.CON		
			to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ea	ıll:	
JUSTR	N D SPEAKS		813 833-7888	
	Name of	Person		e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2:	5.00 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



JDS REPAIR SERVICES, LLC

(A Florid	ity Company as it now appears on our Feedrds! a Limited Liability Company)	#A88E	
The Articles of Organization for this Limited Liability C Florida document number <u>L23000033189</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)	· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	
	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>	<u>Name</u>	Address	Type of Action
AMOR AMBR	JUSTIN D SPEAKS	4712 GALLAGHER RD	€Add
7m BK		PLANT CITY FL 33565	
			□Change
AMBR	LINDA D SPEAKS	4712 GALLAGHER RD	<b>≣</b> Add
		PLANT CITY FL 33565	□Remove
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

4	•		
	<del>-</del>		
			<del></del>
			<del> </del>
,			<del></del>
			·
			<del></del>
(If an ef <u>Note:</u>	five date, if other than the date of filing:  fictive date is listed, the date must be specific and cannot be  If the date inserted in this block does not meet the a ment's effective date on the Department of State's rec	pplicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605,0207 (3)(t rements, this date will not be listed as the
If the recor	ord specifies a delayed effective date, but not an effectived.	ive time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
Dated	20 FEBRUARY 20	23	
	111-11	ears	
		authorized representative of a mer	<del>-,</del>

Typed or printed name of signee