

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A.M & J.M SERVICES LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.M & J.M Services LLC

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

(A Florida Limited Liability Company)

| (A Ftorida Limite | d Liability Company) | |
|---|---|--------------------------|
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L23000067375</u> . | ny were filed on 02/06/23 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | bility 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 officagent and/or the new registered office address here: | e address on our records, enter the na | me of the new registered |
| Name of New Registered Agent: | | - <u>-</u> |
| New Registered Office Address: | | III |
| | Enter Florida street address Florida | . 06 |
| | Ctty: | Zıp 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 |
|--------------|--------------|--|----------------|
| AMBR | Jose Montoya | 7901 4th St N STE 300 | X lAdd |
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| ffective date, if other than the can effective date is listed, the date must solve: If the date inserted in this blo ocument's effective date on the De | be specific and cannot be priced does not meet the appli | icable statutory filing | (optiona ore than 90 days after film g requirements, this da | ig.) Pursuant to 605.0207 |
| record specifies a delayed effective Lis filed. | date, but not an effective | time, at 12:01 a.m. o | on the earlier of: (b) | The 90th day after the |
| oated 03/07 | | | | |
| | <i>^</i> | 1 1 | 1 / | |
| Na | Signature of a member or auti | horized representative | of a member | |