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A. RIVERS

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: J.J Amor Services LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Jack M. Amor	
J. J Amor Services LLC Firm/Company	
8250 SW 6th Court	
North Lauderdale, FL 33068	
Jackamor 82@ Smail. Com E-mail address: (to be used for inture Smual report notification)	
For further information concerning this matter, please call:	
Tock Amor at (954) 865 7530 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

J.J Amor Services LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>March</u> 20, 207	23 md assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Jack Amor LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	NA	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter the name</u>	of the new-register
		`;
Name of New Registered Agent:		-
New Registered Office Address:		7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
	Enter Florida street address	- I
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
	······································		□Add
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			□Add
			□Remove
			□Change
			□Add
			□Remove

F ffee	tive date if other than the date of filing:
Note.	tive date, if other than the date of filing:
the reco	ord 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 iled.
Datee	October 19th 2023
	Signature of a member or authorized representative of a member
	Took 114 A=22 =2
	Typed or printed name of signee

Filing Fee: \$25.00