Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000249356 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070

Phone : (888)462-3453

Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J PLUS J AND D SERVICES LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

JUL 2 0 2023

Registration Section
Division of Corporations

TO:

COVER LETTER

(((H23000249356 3)))

SUBJECT:		D D SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Section Corporations f Tallahassee
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	<u> </u>	Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON TX, 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report no	lifications
For further information c	oncerning this matter, please c		antantu)
	when this cities that the cities of		/2.2452
LOVETTE DOBSON		at ()	62-3453
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres Registration 5		Street Address: Registration Se	ection
Division of C	'orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1			Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000249356 3)))

J PLUS J AND D SERVIC	ES LLC	` <u>`</u>	
(Name of the Limited Liability Company as it r (A Florida Limited Liability)	now appears on our i	records.)	- C
(A Florida Limited Liability (Company)		
The Articles of Organization for this Limited Liability Company were fi	led on03/	/22/2023	_ and assigned:
Florida document number L23000144946			() E
This amendment is submitted to amend the following:			7.
A. If amending name, enter the new name of the limited liability cor	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation	"LLC" or the abbr	eviation "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 agent and/or the new registered office address here:	on our records, <u>e</u>	enter the name	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street e	iddress	
		, Florida	
City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
baraby account the appointment or projectored agent and appear to a		1.6	

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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FRANK BENDANA	1150 NW 72ND AVE TOWER 1 STE 455 #9935	
		MIAMI, FL 33126	Remove
			Change
AMBR	ANTHONY MATOS	1150 NW 72ND AVE TOWER 1 STE 455 #9935	□Add
		MIAMI, FL 33126	≣Remove
			□Change
AMBR	EMIGDIO APONTE	1150 NW 72ND AVE TOWER 1 STE 455 #9935	□Add
		MIAMI, FL 33126	■Remove
			□Change
			200ve
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Remove
			Change
			🗖 Add
			□Remove
			DChange H23000249356 3))

. If amending any other infor								
								
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Effective date, if other than the fame of the date is listed, the date in Note: If the date inserted in this document's effective date on the	błock does not n	neer the appli	cable statute	hing or more the ony filling requ	(option 90 days after increases, this	onal) filing (Pussa s date will n	ant to 605.02 of be fisted	807 (318 1
record specifies a delayed effected is filed."	ive date, but not	an effective	time, at 12;0	H a.m. on the	earlier of: (b) The 90th	day after th	ie
Dated		2023						
	Signature of a r	Derrich member or aud	7V)		ember	···		
			rid Matos					
		Typed or prin	led name of a	24213431		_		