L23000231826

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
☐ SICK-NS	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA



COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Malique Bogle		
		Name of Person Firm/Company Address City/State and Zip Code il.com address: (to be used for future annual report notification) please call:	
	MB Consulting		
		Firm/Company	
	6241 NW 14th PL		Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy
		Address	
	Sunrise FL 33313		
		City/State and Zip Code	
	Bmalique23@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Malique Bogle			
Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 &

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



July 25, 2023

MALIQUE BOGLE MB CONSULTING 6241 NW 14TH PL SUNRISE, FL 33313

SUBJECT: JO&R MULTI-SERVICES LLC

Ref. Number: L23000231826

We have received your document for JO&R MULTI-SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 423A00016710

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JO&R MULTI-SERVICES LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000231826</u> .	pany were filed on 05/10/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	SECHETARY OF STEER FLORISHER SEED FL
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	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
AMBR	OSNER JEROME	1121 SW 8TH AVEDEERFIELD BEACH, FL 33441	≣ Add
			□Remove
			_ DChange
AMBR	JEROME OSNERA	1121 SW 8TH AVEDEERFIELD BEACH, FL 33441	🗆 Add
			Remove
			_ □Change
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		. 05/05/202	23				
Effective date, if other than the fan the factories of th	ust be specific a	and cannot be pri	or to date of filir	ng or more than 90			
Note: If the date inserted in this document's effective date on the				y filing requirer	nents, this date	will not be lis	sted as
	•						
e record specifies a delayed effect	ive date, but r	not an effective	time, at 12:01	a.m. on the ear	lier of: (b) Th	e 90th day aft	ter the
rd is filed.							
		2023					
May 16							
Dated		_·					
Dated May 16		116	no for				
Dated		116	thorized represe	ntative of a memb	oer		