

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

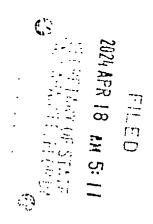




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5/2/by Pulito



## COVER LETTER

TO: Registration Section
Division of Corporations

	ANING SERVICES OF FORT	WALTON LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ELIAS CHOCHOM AJU			
		Name of Person		
		Firm/Company		
	320 DUVAL ST LOT 2			
	Address  FT WALTON BCH, FL 32547			
	CDFEDESTIN@GMAIL.C			
m and an area of the area		to be used for future annual report not	ification)	
	concerning this matter, please co			
ELIAS CHOCHOM AJ Name c	of Person	850 240-8672 at ()	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	S30.00 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## J&E CLEANING SERVICES OF FORT WALTON LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number 1,23000303301 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J&E CLEANING AND PAINTING SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

N/A

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A	
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			□ Change
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			□Remove

N/A 	
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	04/16/2024
Note: If the date inserted in th	the date of filing:
ne record specifies a delayed efford is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	2024
000	
bunelist!	Signature of a member or authorized representative of a member
	hochom AJU  Typed or printed name of signee