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S. PRATHER

COVER LETTER

O: Registration Section Division of Corporations						
TR	. Name of Limi	ted Liability Company				
osed Articles of /	Amendment and fee(s) are sub-	mitted for filing.				
turn all correspor	ndence concerning this matter	to the following:				
	ADRIANA C ROJAS					
		Name of Person				
	JEADOS SERVICES, LLO					
Firm/Company 1431 SIMPSON ROAD #1315						
	KISSIMMEE, FLORIDA	, 34744				
			(feation)			
er information co			,			
NA C ROJAS		786 9159695				
Name of	Person	·Area Code Daytim	e Telephone Number			
l is a check for th	e following amount:					
00 Filing Fee	□ \$30.00 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)			
		<u>Street Address:</u> Registration Se				
Division of Corporations		Division of Corporations The Centre of Tallahassee				
	Division of Corp JEADOS SE T: Division of Corp JEADOS SE To seed Articles of A turn all corresponsion of Corp Name of the corp of the corp of Corp Mailing Address Registration Septimization of Corp. Mailing Address Registration of Corp.	Division of Corporations JEADOS SERVICES, LLC T: Name of Limitation of Articles of Amendment and fee(s) are substituted and correspondence concerning this matter. ADRIANA C. ROJAS JEADOS SERVICES, LLC 1431 SIMPSON ROAD #1 KISSIMMEE, FLORIDA ASINCA1507@GMAIL.CC E-mail address: (i) er information concerning this matter, please con the company of Person Lis a check for the following amount: 00 Filing Fee \$30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section	Division of Corporations JEADOS SERVICES, LLC T: Name of Limited Liability Company Division of Amendment and fee(s) are submitted for filing. Adricles of Amendment and fee(s) are submitted for filing. Adricles of Amendment and fee(s) are submitted for filing. Adricles of Amendment and fee(s) are submitted for filing. Adricles of Amendment and fee(s) are submitted for filing. Adricles of Person JEADOS SERVICES, LLC Firm/Company 1431 SIMPSON ROAD #1315 Address KISSIMMEE, FLORIDA, 34744 City/State and Zip Code ASINCA1507@GMAIL.COM E-mail address: (to be used for future annual report notice information concerning this matter, please call: NAC ROJAS Name of Person Area Code Division Division of Corporations Street Address: Registration Section Division of Corporations Division of Corporations Pagistration Section Division of Corporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	,
any as it now appears on our records.) Liability Company)	
were filed on 08/23/2023	and assigned
oility company here:	
ility Company," the designation "LLC" or	the abbreviation "L.L.C."
4010 SAN GALLO DR 20-108	
KISSIMMEE, FLORIDA, 34741	
111 EAST MONUMENT AVE SUITE 401-6	
KISSIMMEE, FLORIDA, 34741	
address on our records, enter the	name of the new regis
Enter Florida street address	
	la Zip Code
	KISSIMMEE, FLORIDA, 34741

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROJAS ADRIANA C	4010 SAN GALLO DR KISSIMMEE, FL 34741	□Add
			□Remove
			□Change
MGR	BENAVIDES JEAN C	4010 SAN GALLO DR KISSIMMEE, FL 34741	DAdd
			=Remove
			Change
AMBR	ROJAS OSWALDO J	4010 SAN GALLO DR KISSIMMEE, FL 34741	
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I hereby formally request an amendment to update the name and mailing address of our company registered with Sunbiz. These changes reflect our new business identity and location. We appreciate your attention to making this update in the official records E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated November 14 2024 Signature of a member or authorized representative of a member Adrama Lo 195-Manager

Filing Fee: \$25.00