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.

(((H24000062152 3)))



H240000521523ABCVV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC
Account Number : I20210000128
Phone : (305)244-9500
Fax Number : (954)827-9354

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JNS GLOBAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

....

Electronic Filing Menu Corporate Filing Menu

Help

LEB 12 SOSA

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		<b>*</b>
SUBJECT.	JNS GLOB	BAL SERVICES LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		RODRIGO URBINA	
		Name of Person	
	S	UNBIZ ONLINE LLC	
		Firm/Company	
	1401 SAW	GRASS CORPORATE PKWY.	
		Address	
		SUNRISE, FL 33323	
		City/State and Zip Code	And the Pain Pain Pain Pain Pain Pain Pain Pain
		ODRIGO@SUNBIZONLINE.OR	
		to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
RODRIG	GO URBINA		14-95(X)
Name o	Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	ic following amount:		
■ \$25.00 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>Mailing Addres</u> Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INS GLOBAL SE	ERVICES LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears or Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	10/17/2023		and assi	gned
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
N/A					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "LLC" or th	ne abbrevia	tion "L.L	C."
Enter new principal offices address, if applicable:		414 Bogey D	rive		
(Principal office address MUST BE A STREET ADDRESS)  Davenport, Fl. 33896					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	414 Bogey Drive  Davenport, Fl 33896				
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our reco	rds, <u>enter the r</u>	name of t	he new 2024 FF	register
Name of New Registered Agent:	N/.	A	<u> 루빌</u>	<del></del>	1 <u>1                                  </u>
New Registered Office Address:	N/.		<i>5,</i> ≈	<del>-0</del> -	<del>:</del>
	Enter Florida .	street address , Florida	- - 35.0 10.35.0	H 2:	U
	City			o Collin	

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

Title	Name	Address	Type of Action
MGR	HINDS NORDIA K	CAYMANAS COUNTRY CLUB ESTATE PHASE	2. _ □Add
		ST. CATHERINE, JM 1876 JM	_ = Remove
			_ 🗆 Change
AMBR	Nordia Hinds Wizzart	414 Bogey Drive.	_ <b>≣</b> A <b>d</b> d
		Davenport, Fl 33896	_ □Remove
		·····	_ Change
MGR	BROWN., RONALDO M	CAYMANAS COUNTRY CLUB ESTATE PHASE I	2. □Add
		ST. CATHERINE, JM 1876 JM	Remove
			Change
AMBR	Jayda-Kay M. Palmer	414 Bogey Drive.	_ []Add
		Davenport, Fl 33896	_ 🗆 Remove
		<u> </u>	_ <b>≡</b> Change
MGR	Jerome M. Palmer	414 Bogey Drive.	_ □Add
		Davenport, Fl 33896	Remove
MGR	Ulando K. Wizzart	414 Bogey Drive.	□Add
		Davenport, Fl 33896	_ □Remove
			Change

2.	AMBR Nordia Hinds Wizzart Must be added with new address 414 Bogey Drive. Davenport, Fl 33896
3.	MGR BROWN., RONALDO M Must be removed.
4.	Jayda-Kay M. Palmer add new title AMBR and new address 414 Bogey Drive. Davenport, Fl 33896
5.	MGR Jerome M. Palmer Must change address only. New address 414 Bogey Drive. Davenport. Fl 33896
6.	MGR Ulando K. Wizzart Must change address only. New address 414 Bogey Drive. Davenport, Fl 33896
<del>.</del>	
_	
(If an effective Note: I	te date, if other than the date of filing:
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 d.
Dated _	February 12 2024
	Signature of a member or authorized representative of a member
	NORDIA K. HINDS
	Typed or printed name of signee

• . .

Filing Fee: \$25.00