## 123000481443

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

JOBER S	ERVICES 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:		
	JORGE RODRIGUEZ R	ODRIGUEZ		
		Name of Person		
	JOBER SERVICES LLC		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  S88: On Section of Corporations	
	<del></del>	Firm/Company		
	Address			
	<del> </del>	Address	<del></del>	
	APOPKA, FL 32703			
		•		
		Address  City/State and Zip Code  com to be used for future annual report notification)  all:  at (		
Ear farthar information o			meanon	
JORGE RODRIGUEZ	RODRIGUEZ			
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ection -	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 633	27	The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOBER SERVICES LLC			
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on o Liability Company)	ur records.)
he Articles of Organization for this Limited Li		were filed on10/20	2023 and assigned
lorida document numberL23000481443			
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designa	
nter new principal offices address, if applicable:		N/A	24.0
Principal office address MUST BE A STREET ADDRESS)		N/A	E 7
		N/A	24
			## <b>2</b> 0
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		N/A	<u> </u>
		Ν/Λ	02
		N/A	
. If amending the registered agent and/or regent and/or the new registered office addres	· ·	address on our record	ls, enter the name of the new regis
Name of New Registered Agent:	N/A	**	
New Registered Office Address:	N/A		
-		Enter Florida sti	reet address
	N/A		Florida N/A
		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	HERNANDEZ REVERO, MOISES	2721 SUMMERGLEN LN	
		EUSTIS, F1, 32726	■Remove
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			□Remove
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	<u></u>		□Add
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fective	e date, if other than the (	date of filing: N/A		(a	ptional)	
an effect	e date, if other than the crive date is listed, the date must the date inserted in this blo	be specific and cannot be price	or to date of filing	or more than 90 days	after filing.) Purst	rant to 605,020
	the date inserted in this tho it's effective date on the De			ming requirements.	tins date with it	or be nated a
	specifies a delayed effective	date, but not an effective	time, at 12:01 :	a.m. on the earlier of	f: (b) The 90th	day after the
is filed	1.					
	October 15	2024		/]		
ated	October 15	. 2024	·			
				15		
		Signature of a member or aut	horized represen	tative of a member		