L23000481868

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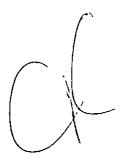
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COVER LETTER

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Registration Section Division of Corporations

HB SUPPL SUBJECT:	JES AND SOLUTIONS LLC				
	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:			
	ALFREDO ALCALA				
		Name of Person			
		Firm/Company			
	2030 CASCADES BLVD,			20'	
	KISSIMMEE.FL. 34741	Address		NON EZ	* * * * * * * * * * * * * * * * * * *
	AANSERVICES1@GMAII	City/State and Zip Code		2023 NOV 16 AM 11: 53	
		to be used for future annual report notif	ication)		نيفا
For further information e	oncerning this matter, please ca	dl:		The U	
WILLIAM MANZO VARELA		689 710-4887			
Name o	d 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)	Certified	e of Status &	
Mailing Address Registration: Division of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee : Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HB SUPPLIES AND SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/20/2023}{10/20/2023}$ _____ and assigned Florida document number 1.23000481868 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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 ADDRESS) N/A Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City 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 Changing Registered Agent, Signature of New Registered Agent

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> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	HELMAN U BARRERA GARCIA	11067 LAGUNA BAY DR,APT 206.	ORLANDO, FL I
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ffective date, if other than tl	no data of filing	(optional)	
an effective date is listed, the date n	ust be specific and cannot be prior to date of filing o	or more than 90 days after filing.) Pursuant to	605.0207
Sofe: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory fi Department of State's records.	iling requirements, this date will not be	listed as
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record specifies a delayed effect	ive date, but not an effective time, at 12:01 a.i	m, on the earlier of: (b) The 90th day a	ifter the
l is filed.		•	
	2022		
11/01			
11/01 Pated	2023		
Pated			
Dated	Live Historical representation of authorized representation	tive of a member	

Filing Fee: \$25.00