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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JM SERVICIOS Y EJECUCIONES PROFESIONALES LLC

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Corporate Filing Menu

Help

T. LEMIEUX

MAY 13 2024

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May 10, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

JM SERVICIOS Y EJECUCIONES PROFESIONALES LLC
2448 BETSY ROSS LN
SAINT CLOUD, FL 34769VE

SUBJECT: JM SERVICIOS Y EJECUCIONES PROFESIONALES LLC
REF: L24000051772

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The conflict is P20000016843.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000169457
Letter Number: 724A00010279

H2400016743 / 3
COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: JM SERVICIOS Y EJECUCIONES PROFESIONALES LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE MARIN

Name of Person

Firm/Company

2448 BETSY ROSS LN

Address

SAINT CLOUD, FL 34769

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE MARIN

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)**Mailing Address:**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1240001674210
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JM SERVICIOS Y EJECUCIONES PROFESIONALES 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 02/01/2024 and assigned
Florida document number L24000051772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JM PROSERVICES USA LLC

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)

2248 BETSY ROSS LN

SAINT CLOUD, FL 34769

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2248 BETSY ROSS LN

SAINT CLOUD, FL 34769

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:

Name of New Registered Agent:

New Registered Office Address:

2248 BETSY ROSS LN

Enter Florida street address

SAINT CLOUD

City

Florida 34769

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.

JOSE MARTIN

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE MARIN	2248 BETSY ROSS LN	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34769	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BETZABETH DUQUE	2248 BETSY ROSS LN	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34769	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 05/09/2024

JOSE MARIN

Signature of a member or authorized representative of a member

JOSE MARIN

Typed or printed name of signee

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Filing Fee: \$25.00