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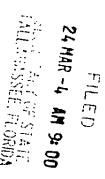
(Requestor's Name)	
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(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
J. HORNE	
MAR 1 6 2024	





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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: J&F Mai	N + E N L N C L ame of Limited Liability Company	Services	, LLC
The enclosed Articles of Amendment and fee((s) are submitted for filing.		
Please return all correspondence concerning the	his matter to the following:		
	Jabid Floring	062	
	And the stand of Limited Liability Company And the stand of Limited Liability Company And the stand of Limited Liability Company And the stand of Liability Company And the stand of Person Firm/Company II 631 N.W 45+h 5+ (see + Address) Coral Springs + 1 33065 City/State and Zip/Code Formal address: (to be used for future annual report notification) Area Code Table Society Springs Springs Society Springs Sp		
	1 N.W 45th	Street	-
Cora	Springs F	-1 33065	-
Jab E-mai	I address: (to be used for future annua	OU+LOOK Treport notitication)	.com
For further information concerning this matter	r, please call:		
Name of Person	ez at (<u>786)</u> Area Code	302-2139 Daytime Telephone Number	.
Enclosed is a check for the following amount:			
	Status Certified Copy	Certifica (Certifica (te of Status & Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Registi Divisio The Ce	ration Section on of Corporations entre of Tallahassee	
Tallahassee, FL 32314	2415 N	4. Monroe Street, Suite 8	ıTU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L240006</u> 34 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	ere filed on 2/2/2021 and assigned
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)	Same
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature is 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 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>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Change
		·	
			Remove
			□Change
		·	□Add
			□Remove
			Change
			□Add
			□Remove
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	Name change only
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an effectiv ote: If the	date, if other than the date of filing:
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	2/29/2024. (All All)
	Signature of a member of authoritied randacentative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00