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## COVER LETTER

SUBJECT:    Name of Limited Liability Company	TO: Registration Sec Division of Corp				
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:  EDWIN HERNANDEZ VAZQUEZ  Name of Person  JSE AUTO CARE LLC:  Firm/Company  5902 MORSE AVE  Address  JACKSONVILLE FL 32244  City/State and Zip Code  HEDWIN55@TIKISTOWINGLLC.ORG  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		CARE LLC			
Please return all correspondence concerning this matter to the following:    EDWIN HERNANDEZ VAZQUEZ   Name of Person	SUBJECT:	Name of Lim	ited Liability Company		
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HEDWIN55@TIKISTOWINGLLC.ORG  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		JACKSONVILLE FL 322	44		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			City/State and Zip Code	<del></del>	
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EDITION TEMPARADES TASQUES 501 TOO	EDWIN HERNANDEZ V		904 5631966		
at () Name of Person Area Code Daytime Telephone Number	Name of	Person		me Telephone Number	
Enclosed is a check for the following amount:	Enclosed is a check for th	e following amount:			
(additional copy is enclosed) Certified Copy	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	
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Division of Corporations Division of Corporations	Division of Corporations		Division of Co	Division of Corporations	
	P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSE AUTO CARE 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 08/05/2024 and assigned Florida document number <u>L24000343913</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida

Zip Code

. 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	Address	Type of Action
AMBR	SUSAN HALE	5902 MORSE AVE JACKSONVILLE FL 32244	□Add
			BRemove
			DChange
			DAdd
		<del></del>	□Remove
		<del>*************************************</del>	Change
	<del></del>		DAdd
			Петоve
			Change
			🗆 Add
		<del></del>	DRemove
			Change
			🗆 Add
		-	Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_\_\_\_ 12:30PM Signature of a member or authorized representative of a member **EDWIN HERNANDEZ VAZQUEZ** Typed or printed name of signee

Filing Fee: \$25.00