L24 000 419 214

(Req	uestor's Name)
(Addı	ress)	
(AbbA)	ress)	
(City/	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	
(34		

Office Use Only



200439773032

11/19/24--01029--019 **25.00

24 MOV 19 th 5: 26

COVER LETTER

z: Registration Section Division of Corporations	
SUBJECT: Jonangelo's Consulting Services LLC Name of Limited Liability Company	. * 11
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jonangelo's Consuling Services LLC Firm/Company	, wak 184
16415 5W 45th ave	
Miumi, FL 33157 City/State and Zip Code Jonan allo: Vargras (2) aul. Com E-mail all dress: (to be used for future annual report potification)	
For further information concerning this matter, please call:	
Jonany 12 Vary 15 at (786) 578 - 6697 Area Code Daytime Telephone Number	. 4st H
Enclosed is a check for the following amount: (2) \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) (additional copy is enclosed)	
Mailing Address: Registration Section	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

A Registration Section Division of Corporations	
SUBJECT: Junangelo's Consulting Services LLC Name of Limited Liebility Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Jonangelo's Consulting Services LLC Fim/Company	
.1	
16415 SW 45th ave	
Miami, FL 33157 City/State and Zip Code Jonan aclo. Vargas a 201 com E-mait alldress: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jonangels Vargus mc (7/5/6) 578 - 6697 Jonangels Daytime Telephone Number	
Enclosed is a check for the following amount: (1) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	
Mulling Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 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	

. 4

., 2.45 76

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tana	C	500 cm 116
Name of the Limite	Consulting Scall now appear	on our records
The Articles of Organization for this Limited Lia Florida document number 1.240.00419	bility Company were filed on	4/26/20
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of th		
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
Principal office address MUST BE A STREET A	DDRUSS)	
		
		U
Enter new mailing address, if applicable:		97. 2°
Mailing address MAY BE A POST OFFICE BOX	^	
MAT BE A TOST OFFICE BOX	······································	
		
B. If amending the registered agent and/or regist	ered office address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida	treet address
		<u></u>
	City	, Florida
N. D. J. J. J. J. J. Simplement of changing Declar	<i>‡</i>	-, 5555
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered age	nt and agree to act in this capa	city. I further agree to comply with the
provisions of all statutes relative to the proper and	d complete performance of my (duties, and I am Jamiliar with and
accent the obligations of my position as registered	l agent as provided for in Chap	ter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registe	ered office address, I hereby co	infirm that the limited liability
company has been notified in writing of this chang	e.	
	If Changing Registered Agent, S	ignature of New Registered Agent
·	If Changing Registered Agent, S	Ignature of New Registered Agent

J 684 144 . . .

N14	nager	anage, enter the title, name, and address of eac	
196 A	Name Tunangelo Vargas	16415 SW 95th aye Miami , FL 37157	Type of Action Add Remove Change Add Remove Add Remove Add Remove Add Remove Add
			Change
: 2m2r			Change
			☐ Change ☐ Add ☐ Remove ☐ Change

conding any other information, enter change(s) here: (Attach additional sheets, if neces.	sury.)
	:
	. 44 to .
	·
	- 41 ASI 14 -
	· · · · · · · · · · · · · · · · · · ·
	440 11.
Effective date, if other than the date of filing: (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this day document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) cord is filed.	The 90th day after the
01-02-2025	
Dated 01-02-2025	1844 1844
Sustance of a member or authorized representative of a member	

Filing Fee: \$25.00