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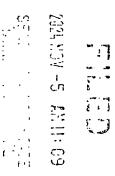
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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amed Name Change

## **COVER LETTER**

TO:	Registration Se Division of Cor					
CUD IE	Julot Servic	ces LLC				
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Wener D Julot				
			Name of Person			
			Firm/Company			
		2001 Venice Ave N				
			Address			
		Lehigh Acres, Florida, 339	271			
			City/State and Zip Code		(1) (2)	
		Wjulot@yahoo.com			1 12	
		E-mail address: (	to be used for future annual report notif	ication)		"1"]
For furt	her information c	oncerning this matter, please c	all:			72 144
Wener 1			239 470-3903 at ()		1	
	Name o	f Person	Area Code Daytime	Telephone Number	60 ::	
Enclose	d is a check for th	ne following amount:				
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	
			6:			

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)
The Articles of Organization for this Limited I	iability Company		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>.</u> 6:
Julot Services LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	signation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2001 Venice Ave	North, Lehigh Acres, Florida. 33971
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2001 Venice Ave	North, Lehigh Acres, Florida 33971
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our rec	cords, enter the name of the new regis
Name of New Registered Agent:	Wener D Julot		
New Registered Office Address:	2001 Venice Av	······	da street address
	Lehigh Acres		, Florida 33971
		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	Address	Type of Action
MGR	Wener D Julot	2001 Venice Ave N, Lehigh Acres, Florida. 33971	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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an efi lote:	ive date, if other than the date of filing:
recor	of 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 led.
	10/30/2024
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ated	Sentrure of member or authorized representative of a member