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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: LLL Services	s Company		
DOCUMENT NUMBER:	P1500000642	6		
The enclosed Articles of Am	nendment and fee are	submitted for filin	g.	
Please return all corresponde	ence concerning this r	matter to the follow	ving:	
		Doreida D	honato	
		Name of Con	tact Pers	son
		LLL Services	Compai	ıy
-		Firm/ Co	mpany	
		5221 Saint At	igustine	Rđ
•		Addre	ess	
a		Jacksonville,	FL 3220	7
	-	City/ State and	d Zip Co	de
		dori@Illservice:	s.com	
E-	mail address: (to be a	used for future annu	ual repoi	t notification)
For further information concer Dorcida Dhor	·		904	
Name of Conta	ct Person	at (Area Co) ndc & Daytime Telephone Number
Enclosed is a check for the following	lowing amount made	payable to the Flor		•
	643.75 Filing Fee & Certificate of Status	■\$43.75 Filing Certified Cop (Additional copenciosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, F1, 32303

Articles of Amendment to Articles of Incorporation of

FILED

LLL Services Company

001 11111 0 611 0 0

(Name o			<u>-</u> -	<u> 41-i 9: 26 </u>	
	of Corporation as current				
	P15000006		320 TALL ALLE	<u>. ESTATE</u>	
	(Document Number of	of Corporation (if k	(nown)	- JULY FE	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Con	rporation adopts th	e following amendment	
A. If amending name, enter the new na	ime of the corporation:				
Not applicable				en.	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co "chartered," "professional association,"	orp." "Inc." or "Co". 2	t professional co	orporated" or the a poration name m	The new hbreviation "Corp.," ist contain the word	
B. Enter new principal office address, it	<u>f applic</u> able:	5221 Saint Augustine Rd			
Principal office address MUST BE A ST	REET ADDRESS)	Jacksonville, F	I. 32207		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5221 Saint Aug	gustine Rd		
		Jacksonville, F	L 32207		
. If amending the registered agent and/ new registered agent and/or the new i	registered office address:	<u>ess in Florida, ent</u> hi Irrevocable Livi			
Name of New Registered Agent	THE CHI TO LICK LICS				
Name of New Registered Agent	···			··	
Name of New Registered Agent	5221 Saint /	Augustine Rd.		····	
	···	Augustine Rd.		32207	
Name of New Registered Agent New Registered Office Address:	5221 Saint A (Florida stree Jackson	Augustine Rd.	, Florida_	32207 (Lip Code)	

NA	ional sheets, if neces.	sary). (Be specific)			
					
					
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	**	***************************************			
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	ent providee for an	exchange, reclassification	ou, or cancellation o	f issued shares,	
If an amendme	ent provides for an		ined in the amounts		
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(if not app	r implementing the solicable, indicate N/A)	med in the amenda	ient itseir:	
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(if not app	olicable, indicate N/A	·			

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	V	Lek Lleshi	5221 Saint Augustine Rd
Add			Jacksonville, FL 32207
X Remove			
2) Change	P	Rafael Lleshi	2569 Scott Mill Dr. S
Add	I	At3 518/24	Jacksonville, FL 32223
X Remove 3) Change	of h cev	Aldion Cili	5221 Saint Augustine Rd Jacksonville, FL 32207
X Add Remove			
4) Change	Director SI	Samuel Jordan	5221 Saint Augustine Rd
XAdd			Jacksonville, FI. 32207
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			Market and the second s
6) Change			
Add			
Remove			

	April 30, 2024		
The date of each amendment (date this document was signed.	s) adoption:	N-31-1-37-21-11-12-7-1	, if other than the
Effective date if applicable:	April 30, 2024		
	(no more than 90	days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applica Department of State's records.	ble statutory filing requirements, this da	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or bo	oard of directors without shareholder action	on and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The resulticient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders throu for each voting group entitled to vo	gh voting groups. The following stateme te separately on the amendment(s):	nt
"The number of votes c	ast for the amendment(s) was/were	sufficient for approval	
by			
	(voting group)		
April 3	0, 2024		
Signature		A	
selec	director, president or other officer ted, by an incorporator – if in the ha inted fiduciary by that fiduciary)	If directors or officers have not been ands of a receiver, trustee, or other court	-
	Doreida Dh	onato	
	(Typed or printed nam	ic of person signing)	
	Treasurer		
	(Title of person signing	g)	