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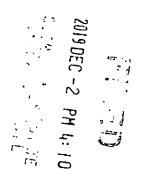
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Anna

COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Sec vision of Corp			
SUBJECT:		NTERPRISE LLC		
SUBJECT	·	Name of Lin	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		MARCIA A RAMSEY		
		***************************************	Name of Person	 -
		JANMAR ENTERPRISE	LLC	
			Firm/Company	
		2624 ANGUILLA DR. CA	APE CORAL, FL 33991	
			Address	-
		CAPE CORAL, FL 33991		
		marcia.ramsey22@gmail.cc E-mail address: (City/State and Zip Code om to be used for future annual report n	otification)
For further	information co	oncerning this matter, please c	all:	
MARCIA A	A RAMSEY		419 631-2636	
	Name of	Person		ime Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address		Street Address:	Castion
	vision of Co		Registration S Division of C	
	O. Box 6327		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

JANMAR ENTERPRISE, 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 I Florida document number	Liability Company were filed on SE	PT 29 2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		·- >
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19
			000
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			, Tara
		Г	
B. If amending the registered agent and/or agent and/or the new registered office address.		cords, <u>enter the name</u>	of the new register
Name of New Registered Agent:	JANICE M RAMSEY		
New Registered Office Address:	2624 ANGUILLA DR		
Arabisina amar Inditon.	Enter Flori	da street address	
	CAPE CORAL	, Florida ³³⁹	91
•	City		Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	JANICE M RAMSEY	2624 ANGUILLA DR CAPE CORAL FL 33991	= Add
			□Remove
		·	□Change
		· -	
			□Remove
			□ Change
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			□Remove
			Change

Page 2 of 3

BOTH NAMES AS IN 2018 A	AND PRIOR. I FILLED OUT THE	FORM INCORRECTLY ON THE FILING
FOR 2018 PUTTING MY NA	ME TWICE FOR SOME REASON	N. I HAVE ATTACHED THE 2018 CORRECT
FILINGS TO SHOW I HAD T	HE PREVIOUS YEARS FILLED	CORRECTLY. I HAVE ALSO ATTACHED
THE ARTICLES OF ORGANI	ZATION FOR THE COMPANY.	PLEASE ADD OR CHANGE
THE CURRENT INFORMATI	ON TO INCLUDE THAT JANICE	E M RAMSEY IS ALSO THE AMBR
AUTHORIZED PERSON AS I	IN THE PAST WITHOUT THE	ABOVE MENTIONED ERROR TO
JANMAR ENTERPRISE, LLC		
·		
		
		· · · · · · · · · · · · · · · · · · ·
If the date inserted in this block nent's effective date on the Depa	specific and cannot be prior to date of f does not meet the applicable statut rtment of State's records.	(optional) Tiling or more than 90 days after filing.) Pursuant to 60 tory filing requirements, this date will not be lis
cord specifies a delayed e 90th day after the record	fective date, but not an effe I is filed.	ective time, at 12:01 a.m. on the earl
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NOV II	2019	
· <u></u>	mature of a member or authorized repre	2