L060000 75476

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

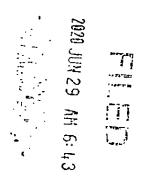
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JUN 29 2020



AUG 12 2020 S. YOUNG

COVER LETTER .

TO: Registration So Division of Cor					
Jane Caput	ı. LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Jane E. Caputi				
		Name of Person			
		Firm Company			
3115 S. Ocean Boulevard #501					
		.Address	-		
	Highland Beach, FL 3348	7			
		City/State and Zip Code			
	jcaputi@fau.edu				
For further information c	E-mail address: (concerning this matter, please or	to be used for future annual report notifull:	lication)		
Jane E. Caputi		561 441-1017			
Name of Person			e Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sec	rtion		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite \$10			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Jane Caputi, 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 $\frac{07/31/2006}{1}$ and assigned Florida document number 1.06000075476 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Messenger And Caputi Creations & Consultations, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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. Thereby 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>	<u>Address</u>	Type of Action
MGRM	Roger A. Messenger	3115 S. Ocean Boulevard #501	= Add
		Boca Raton, FL 33487	
			[] Change
			[]Add
			ERemove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			
			□Remove
		4	□ Change
_,			
			□Remove
			17767ha

about:blank

Filing Fee: \$25.00

Signature & a member or authorized representative of a member

Typed or printed name of signee

Jane E. Caputi