

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000348994 3)))



H220003489943ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JENIA CONSULTING, LLC

Certificate of Status	0
Certified Copy	U
Page Count	04
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

Help

10/11/22, 1:38 PM

article of organization page 1 amendment .jpg

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Picida Limit	pany as it now appears on old records.)	
The Articles of Organization for this Limited Liability Compar Torida document number <u>LO 9 0000 195</u> 48		2009 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lin	ibility company here:	
ne new name must be distinguishable and contain the words "Limited Lial	Nilly Comment and	
nter new principal offices address, if applicable:	omly company, the designation "LLC" or s	he abbreviation "L.I_C."
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE ROX)		-
•		
. If amending the registered agent and/or registered office gent and/or the new registered office address bare.	address on our records, enter the n	ame of the new registered
ent and/or the new registered office address here:		
ent and/or the new registered office address here;		202
ent and/or the new registered office address here: Name of New Registered Agent:		2022 Oc 1327 A
		2022 OCT 1
Name of New Registered Agent:	Enter Florida su eet address	2022 OCT
Name of New Registered Agent:		2022 OCT AH O

rherety 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.

_ CRemove

10/11/22, 1:39 PM

article of organization page 2 .jpg

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 Title Name. Address $\langle \tau \rangle$ Type of Action May Bernard 7880 Gat Privy Suck 101 DAdd Minder Jacksonville Fl 32356 DRemove _____ Change Manager Shania Espeda 10864 Crosswicks Road Add Ecksnnylle Fl 32756 XRemove ______ ClChange _____ Change _____ DChange €DAdd

articcles of organ page 3.jpg

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	
-	
_	
-	
Note:	re date, if other than the date of filing: Compared to the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
tocord rd is file	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
Dated_	10/10/2022.
	Signature of a member of authorized representative of a member
	•