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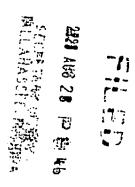
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
JEANNET	TE CORNEJO LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Jeannette Cornejo		
		Name of Person	
	JEANNETTE CORNEJO	LLC	
		Firm/Company	
	12300 S Shores Blvd #100)	
		Address	
	Wellington, FL 33414		
	ItsAboutRealEstate@gmail	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
Jeannette Cornejo		954 328-2438	
Name a	f Person	at ()	me Telephone Number
Name o	r erson	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on July 8, 2009 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
JEANNETTE CORNEJO LLC	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS) 12300 S Shores Blvd #100 Wellington, FL 33414
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12300 S Shores Blvd #100
	Wellington, FL 33414
Name of New Registered Agent: New Registered Office Address: 12300	O S Shores Blvd #100 Enter Florida street address
Wellin	ngton. 33414. 6
	City Code
New Registered Agent's Signature, if changing Registere	ed 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 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
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change
			□ Add
			□Remove

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	08/24/2	2020		
ective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	t be specific and cannot be p ock does not meet the ap	oplicable statutory fi	(option of the control of the contro	filing.) Pursuant to 605.0207
cord specifies a delayed effective s filed.	e date, but not an effecti	ve time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
August 24 red	2020			
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	Signature of a member or a	nego		