L100000 35808

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE BIVISION OF CORPORATIONS

COVER LETTER

SUBJECT: Je	unesse Globa	1 Holdings, LL	_C
	Name of Limite	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Greg F	fogenm,//er	
	Jeunesse	Global Holdin	g, LLC
		rnational Park	
	701 20070	Address	na-
	Lake Ma	ry, FL 327	746
	greg. hose	ry FL 32- CityState and Zip Code nmiller@Jevne	sselig. com
	E-mail address: (to	be used for future annual report notificat	tion)
For further information cor	ncerning this matter, please call	:	
Greg Hoge Name of	nmiller Person	at (321) 275- Area Code Daytime Te	7094 Elephone Number
Enclosed is a check for the	following amount:		
S25.00 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)

Registration Section Division of Corporations

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jernesse Globa		
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	43:7
The Articles of Organization for this Limited Liability Company v Florida document number <u>L10000035808</u>	were filed on $\frac{4/1/2}{2}$	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
<u></u>		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
		3 ≤ S
(Principal office address MUST BE A STREET ADDRESS)		
		2000 CONT.
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		?: <u>\$}</u>
		2 ≅
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
	,F	lorida
	City	Zip Code
Non-Danistand Assault Classes (C.L. 12 Date and A. 1.		

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, 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>	Name	Address	Type of Action
			□ Remove
			□ Change
			Add
			Remove
			Change
			□ Remove
			Change
			DAdd
			Remove
			Change
			□ Add
			☐ Remove
		·	Change
			
			☐ Remove
			□ Change

Address: 701 INTERNATIONAL PARKWAY City-State-Zip: LAKE MARY FL 32746 City-State-Zip: Lake MARY FL 3	Persons authorized to sign	and act on benai	ii oi Jeuriesse	Global Holdings	LLO.
City-State-Zip: LAKE MARY FL 32746 City State - Zip: Lake Mary FL 327	Wendy R. Lewis				
Etive date, if other than the date of filing: [If the date inserted in this period book does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. [If the date inserted in the Department of State's records.] [If the date on the Department of State's records.] [If the date will not be listed ment's effective date on the Department of State's records.] [If the date will not be listed ment's effective date on the Department of State's records.] [If the date will not be listed ment's effective date on the Department of State's records.] [If the date will not be listed ment's effective date on the Department of State's records.] [If the date will not be listed ment's effective date on the Department of State's records.]	Address: 701 INTERNATION	ONAL PARKWAY	Y		
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Muzal	July 14	2018			
Signature of a member or authorized representative of a member	1	<u>~~10</u>	<u> </u>		
Signature of a member of authorized representative of a member	March			-fo mambas	
Robert Danson, Member Jeinesse, LLC		are or a member or autho		, _	

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Filing Fee: \$25.00