## L13000084748

(Requestor's Name)
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PICK-UP WAIT MAIL
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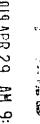
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C. GOLDEN MAY 1 3 2019

## COVER LETTER

TO: Registration Section Division of Corporations	
JENNIEGARY, LLC	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment and for	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
GARY SHAC	Dun Mian
	Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  GARY SHACNI  JEWANG CARY LLC  Firm/Company  625 MELALEUCA LANE  Address  MIAMI, FL 33137  City/State and Zip Code gary2299@aol.com E-mail address: (to be used for filture annual report notification)  mation concerning this matter, please call:  954  985-9555  Name of Person  at  Area Code  Daytime Telephone Number
625 MELALE	
	Address
MIAMI, FL 3	3137
JOHN AUNER	954 985-9555 at ( )
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	nt:
	of Status Certified Copy Certificate of Status & tadditional copy is enclosed) Certified Copy
Registration Section Division of Corporations	Registration Section Division of Corporations
	2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JENNIEGARY, LLC

2019 APR 29 AM 9: 29

(Name of the Limited I	Liability Company as	it now appears on	our records.)	
(A)	Florida Limited Liabili	ty Company)	-	1.12. 35.74
The Articles of Organization for this Limited Liabi Florida document number L13000084748		tiled on <u>JUNE</u>	1 , 2013	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of th	e limited liability (	company here:		
The new name must be distinguishable and contain the words	s "Limited Lability Co	ompany," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET A	ADDRESS			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  New Registered Office Address:	registered office e address here: Je	nnie S		
	40/2:40	I	Florida	33137
-	7, (17,17)	ity	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cho	and complete perfored agent as provi- istered office addr ange.	ormance of my oded for in Chap ress. I hereby co	duties, and I am j ver 605, F.S. Or,	familiar with and if this document is nited liability

MGR = N AMBR = A	lanager Authorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JENNIE SHACNI	625 MELALEUCA LANE	Add
		MIAMI, FL 33137	☐ Remove
			☐ Change
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(If an effective on Note: If the	te, if other than the date of ate is listed, the date must be speci date inserted in this block does ffective date on the Departmen	ific and cannot be prior to d s not meet the applicable	ate of filing or more than 90		
If the record s (b) The 90th	pecifies a delayed effect day after the record is f	ive date, but not a	n effective time, at	12:01 a.m. on the earli	er of:
Dated	April 16	2.019	XI.	,	
_	Signature	e of a member or authorize	d representative of a memb	er	
G	ARY SHACNI	(2A)24	S HAC N	1	

Page 3 of 3

Filing Ree: \$25.00