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COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

Enlightened One by Janet Kristy LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet Kristy Cortes Name of Person Enlightened One by Janet Kristy LLC Firm/Company 15390 SW 57th Terrace Address Miami, FL 33193 City/State and Zip Code

janetkristy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Cortes

_{ac}305, 331-7523

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

Enlightened One by Janet Kristy LLC

(<u>Name of the Limited Liab</u> (A Florie	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000102621	Company were filed on July 19, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Enlightened One by J & Y, LLC		
The new name must be distinguishable and end with the words "L	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 ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the n
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address , Florida	
New Registered Agent's Signature, if changing Register	City	Zip Code
ATOM ASSESSED OF A SECURITY IN CHARGING REGISTER	to a seports	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Address Type of Action Title** Name 15390 SW 57th Terrace ■ Add **Yvonne Lesley Cortes** AMBR Miami, FL 33193 □ Add ☐ Remove Remoye □ Remove ☐ Add ☐ Remove

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The effective date must be s	r than the date of filing: pecific, cannot be prior to date of receipt or filed date ar led by the Florida Department of State)	
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Page 3 of 3

Filing Fee: \$25.00

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