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COVER LETTER ·

10: Registration Section Division of Corporations		
SUBJECT: JENJU ENTERPRISES Name of Lin	EVENT PLANNERS AN	NO CONSULTANTS, LLC
The enclosed Articles of Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
CECIL	A. GRANT Name of Person	
JENJU ENTERPAISES	EVENT PLANNERS AN	ID CONSULTANTS, LLC
847Z E	NEREST DRIVE Address	
JACKSON	VILLE FLORIDA 3. City/State and Zip Code	2244
E-mail address:	_(a) amail. com (to be used for future annual report notific	cation)
For further information concerning this matter, please c	all:	
CECIL GRANT Name of Person		- O168 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\text{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

FILED 2015 AUG 14 AM 11: 22

SECRETARY OF STATE

SULTANTS The Articles of Organization for this Limited Liability Company were filed on 1-13-2015and assigned 15000119702. Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code

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
AMBR	JENNIFER GRANT	8472 EVEREST DRIVE JACKSONVILLE FLORIDA 32244	Add
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ective date, i n effective date i	f other than the date s listed, the date must be s	e of filing: pecific and came	ot be prior to d	late of filing or	more than 90 o	_ (optional) lays after filing.	Pursuant to 605.	D 207 (:
<u>te:</u> If the date	inserted in this block of tive date on the Depart	ioes not meet t	he applicable	statutory fil	ing requirem	ents, this date	will not be liste	d as ti
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Filing Fee: \$25.00