

L16 00000 26048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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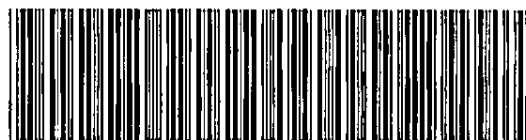
(Business Entity Name)

(Document Number)

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2021 OCT 30 PM 3:06

10/17/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JULENN ENTERPRISES 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:

NICOLE PINIZZOTTO
Name of Person
JULENN ENTERPRISES LLC.
Firm/Company
9119 RIDGE RD. UNIT 216
Address
NEW PORT RICHEY FLORIDA 34654
City/State and Zip Code
PETERPINIZZOTTO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER PINIZZOTTO 727 504-7033
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JULENN ENTERPRISES LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/08/2016 and assigned
Florida document number L16000026048.

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 "L.L.C."

Enter new principal offices address, if applicable:

9119 RIDGE RD. UNIT 216

(Principal office address MUST BE A STREET ADDRESS)

NEW PORT RICHEY FLORIDA 34654

Enter new mailing address, if applicable:

9119 RIDGE RD. UNIT 216

(Mailing address MAY BE A POST OFFICE BOX)

NEW PORT RICHEY FLORIDA 34654

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:

PETER PINIZZOTTO, VICE PRESIDENT

New Registered Office Address:

9119 RIDGE RD. UNIT 216

Enter Florida street address

NEW PORT RICHEY

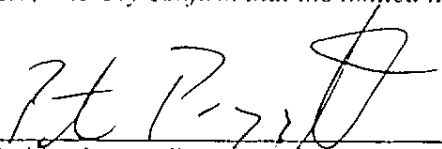
City

Florida 34654

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member

NICOLE PINIZZOTTO, PRESIDENT

Filing Fee: \$25.00