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COVER LETTER

TO : 1	Registration Secti Division of Corpo	on rations		•
SÛBJEC	Ť:	JOUE 'S FANT Name of Limit	Company (Company)	
The enclo	osed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please ret	turn all corresponde	ence concerning this matter t	o the following:	
		Jessica E	Name of Person	
		3711 NW	Firm/Company 2154 Street Apt	r 307
		Lauderdan	Address LCIKOS, FL 333 City/State and Zip Code	311
		USSICA . CIP E-mail address: (10	erven O Grail Co o be used for future annual report noti	↑ fication)
For furthe	er information cond	cerning this matter, please ca	11:	
<u>Jes</u>	Sica Eti	erson	at (954) 598 Area Code Daytim	S - 2803 e Telephone Number
Enclosed	is a check for the f	ollowing amount:		
□ \$ 25.0	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 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

(Name of the Limite	Fantası d Liability Company A Florida Limited Liab	as it now appears on collity Company)	2023 S3 our records.)	? 18 // 7: 24
The Articles of Organization for this Limited Lis Florida document number <u>L160015196</u>		ere filed on <u>08/</u>	15/2016	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	- B <u>OX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office addres		dress on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			<u></u> .	
New Registered Office Address:		Enter Florida st	reet address	
		City	, Florida	Zip Code
		City		Mp 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 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>	<u>Name</u>	Address	Type of Action
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lf an ef	ive date, if other than the date of filing: (optional) fective 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 (control of the date with the date of filing or more than 90 days after filing.)
<u>Note:</u> docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
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rd is fi	· · · · · · · · · · · · · · · · · · ·
Dated	September 14 2023
Daicu	September 1
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	Messica Stierral
	Signature of a member or authorized representative of a member
	September 14, 2023. Jessica Etienne Signature of a member or authorized representative of a member Typed or printed name of signee