## L170000 25540

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(Address)
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## COVER LETTER

TO:	Registration Se Division of Cor		•	*	
SUBJE	J-JANY LI	LC			
SOBI.		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please :	return all correspo	ondence concerning this matter	to the following:		
		ELVIN HERNANDEZ			
			Name of Person		
		J-JANY LLC			
	Firm/Company				
		2131 SMITHFIELD CIR	S		
		<del></del>	Address		
		LAKELAND, FL 33801			-
	City/State and Zip Code SANDRA@SKYNETPROFIT.COM				
		_	to be used for future annual report notifi	ication)	
For fur	ther information c	concerning this matter, please c	all:		∑1 
SAND	RA BETANCOU	RT	863 2580599 at ()		
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for t	he following amount:			
<b>■</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy tadditional copy is ea	itus &
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J-JANY LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/01/2017	and assigned
Florida document number <u>L17000025540</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>,:</u>
(Principal office address MUST BE A STREET ADDRESS)		
		등
		.27
Enter new mailing address, if applicable:		379
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
	, Florid	a

## 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>	<u>Name</u>	Address	Type of Action
MGR	JIMMY DONAIRE	2514 SEA OATS CIR NORTH	
		Lakeland, FL 33815	■ Remove
			Change
		_	Add
			Remove
			Change
			□ Remove
			Change
	<del></del>		Add
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m effectiv o <b>te:</b> If ti	ve date is listed, the he date inserted i	han the date of date must be speci n this block does on the Departmer	fic and cannot be not meet the a	e prior to date of fi applicable statute	ling or more than 9	(optional) 0 days after filing.) Pr ments, this date wi	ursuant to 605,020 Il not be listed a:
		delayed effect the record is f		ut not an effe	ctive time, at	12:01 a.m. on	the earlier o
ited	3/16/1	9		·			
	3/16/1	7	ED IL	IIda	sentative of a mem		

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Typed or printed name of signee

Filing Fee: \$25.00