

118000007929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

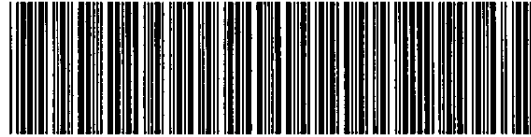
(Business Entity Name)

(Document Number)

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2018 MAY - 4 PM 12:04
TALLAHASSEE, FLORIDA

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SR/BDS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JANNAH FINANCIAL GROUP 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:

John Etienne

Name of Person

JANNAH FINANCIAL GROUP, LLC

Firm/Company

7750 Okeechobee Blvd Ste. 4-720

Address

West Palm Beach, FL 33411

City/State and Zip Code

john@jfgroupllc.com

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

For further information concerning this matter, please call:

John Etienne

Name of Person

at (561)

Area Code

537-9604

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

FILED
2018 MAY -4 P 12:05
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

JANNAH FINANCIAL GROUP, 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 01/09/2018 and assigned Florida document number L18000007929.

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:

(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:

7750 Okeechobee Blvd Ste 4-720

Enter Florida street address

West Palm Beach

City

, Florida

Zip Code 33411

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 amehding 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--------------------------|--|
| AR | Xavier Etienne | 1980 Nassau Dr. | <input type="checkbox"/> Add |
| | | Riviera Beach, FL 33404 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | John Etienne | 7750 Okeechobee Blvd. | <input type="checkbox"/> Add |
| | | suit 4-720 | <input type="checkbox"/> Remove |
| | | West Palm Beach FL 33411 | <input checked="" type="checkbox"/> Change |
| MGR | Maries Care Trust | Ruelle Civique | <input checked="" type="checkbox"/> Add |
| | | #3A Canap Vert | <input type="checkbox"/> Remove |
| | | Port AU Prince, Haiti | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

2018 MAY - 14 P 12:04
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TALLAHASSEE, FLORIDA

[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 or authorized representative of a member

John Etienne
Typed or printed name of signee

FILED
2018 MAY - 4 PM 12:04
U.S. DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA
01 a.m. on the earlier