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2022 APR -5 AH 7: 34 SECRETARY OF STATE TALLAHASSEE, FL

O SHANIONS APR 20 2022

COVER LETTER

	tegistration Sec Division of Corp			
SUBJEC	r: <u>Jes</u> s	Si Ca Clermont Name of Limi	ited Liability Company	
The enclos	sed Anicles of A	mendment and fee(s) are sub-	mitted for filing.	
Please reti	ırn all correspon	dence concerning this matter	to the following:	
		Jessi	Ca Albritton Name of Person	
		<u>Jessica</u>	Clermony LLC Firm/Company	
		2863	Hilliard Dr. Address	
			City/State and Zlp Code	3543
		Clerm K-mail address: (1	ON 304 @ gmail, a o be used for future and ual report noti	OY\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
For furthe	r information co	ncerning this matter, please ca		,
<u>Jess</u>	Name of	Person	at (<u>773</u>) <u>458-0</u> Area Code Dayting	GU 2 e Telephone Number
Enclosed i	s a check for the	following amount:		
□ \$25.0) Filing Fcc	☐ \$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 FILED ARTICLES OF ORGANIZATION

OF

2022 APR -5 AM 7: 34

lessica Clermo	nt, LLC SECRETAR	Y OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	iny <u>as it now appears on oblybatords/</u> Liability Company)	ROJEE, IE
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 180144</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Jessica Albritton, LLC The new name must be distinguishable and contain the words "Limited Liabil		
Stare. Enter new principal offices address, if applicable:	2863 Hilliard Dr	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2863 Hilliard Dr Wesley Chapely Fl	_ 33543
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	2843 Hilliard D Wesley Chapel, Fl address on our records, enter the	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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
MGK	Justica Albritton	2863 Hilliard Dr.	BANGON
		2863 Hilliard Dr. Wosley Chapel, FL 33543	□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□ Change

<u> </u>	
-	
ective	date, if other than the date of filing: (optional)
reffecti te: If t	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	t's effective date on the Department of State's records.
cord s s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	March 30th. 2022 Signature of a member or authorized representative of a member Wasica Albriton Typed or printed name of signee
.cu	0
	Lessice albritton
	Signature of a member or authorized representative of a member
	Jacoba William Islama
	() (SSICA PRIBILITOY)