118000225824

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Janal Photoc	red Lability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		applicable	
		Firm/Company	
	5941	Benz Dre Dr	we 937
	Octabo	City/State and Zip Code	
For further information o	E-mail address: (concerning this matter, please c	(to be used for future annual report noti	fication)
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 Filing Fce	☐ \$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	Street Address: Registration Sec	
Division of O P.O. Box 632 Tallahassee, I	27	Division of Cor The Centre of T 2415 N. Monro	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ANTICLES OF AMENUMENT

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ARTICLES OF ORGANIZATION

FILED

Vanzal Protogra	ohu LLC.	2021 NOV -5 API 12: 1
(Name of the Limited Liability Compar (A Florida Limited L.	nv as it how appears on or inhility Company)	SECRETARY OF STATE TALLAHASSEE, FLORE
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number LV8000225824		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and solitain the words "Limited Liabili	<u></u>	WITCH ALL WARE WILL CO.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designat	on "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:	P.O. BOL	677461
(Mailing address MAY BE A POST OFFICE BOX)		
	P.O. BOL Orland F	1. 32867
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	s, enter the name of the new registered
Name of New Registered Agent:	Not	appliable
New Registered Office Address:		
	Enter Florida stre	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di rovided for in Chapte	ities, and I am familiar with and r 605. F.S. Or, if this document is
If Chang	zing Registered Agent. Sic	nature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added gr removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		_	□Add
			□Remove
			Change
			□Add
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Hective date, if other an effective date is listed	er than the date of filing: the date must be specific and car	anot be prior to date of f	ling or more than 90 days	ontional) after filing.) Pursuant to 6	505.020
ote: If the date insert	ed in this block does not mee are on the Department of State	t the applicable statut	ory filing requirements	, this date will not be l	isted a
ouncer verteering a	ne vii the Dejarmeni vii Mait	. Creenas.			
record specifies a dela	yed effective date, but not an	effective time, at 12:	01 a.m. on the earlier o	of the 190th day at	fler the
is filed.				(0) 120 202 000 00	
ated					
	ν	' 00.			
		~ // <i>X</i> /_			
	Signature of a men	iber or authorized renre	sentative of a member		

Filing Fee: \$25.00