

L19000018036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

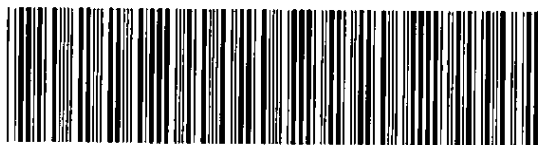
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RECEIVED
TALLAHASSEE, FLORIDA

2024 SEP 11 PM 3:09

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2024

JOANN MARCENO
6072 BAY ISLES DR
BOYNTON BEACH, FL 33437 US

SUBJECT: J'TERNAL ADVANCED BEAUTY TRAINING LLC
Ref. Number: L19000018036

We have received your document for J'TERNAL ADVANCED BEAUTY TRAINING LLC and check(s) totaling \$. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$25.00. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Tyreek L Greene
Regulatory Specialist II

Letter Number: 924A00020760

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Internal Advanced Beauty Training 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:

JOANN MARCENO
Name of Person

Internal Advanced Beauty Training LLC
Firm/Company

6072 Bay Isles Drive
Address

Baynton Beach Florida 33431
City/State and Zip Code

NOCKRAJIT@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANN MARCENO at (561) 628-8363
Name of Person Area Code 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) PAID

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**

J'erna! Advanced Beauty Training 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 1/16/2019 and assigned Florida document number L19000018036

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J'erna! Advanced Aesthetics LLC

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)

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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:

Enter Florida street address

_____, Florida _____
City Zip 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 Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

9/5/24

~~Signature of a member or authorized representative of a member~~

JOHN MURCAN

Typed or printed name of signee