

L19 000027773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

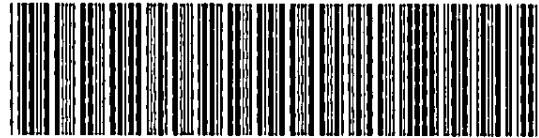
(Business Entity Name)

(Document Number)

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2/10/21  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JEANMARIE Holdings, 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:

Robenson Jean-Marie

\_\_\_\_\_  
Name of Person

JEANMARIE Holdings, LLC

\_\_\_\_\_  
Firm/Company

10281 N LAKE VISTA CIR

\_\_\_\_\_  
Address

DAVIE, FL 33328

\_\_\_\_\_  
City/State and Zip Code

JMROBENSON@GMAIL.COM

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

For further information concerning this matter, please call:

Robenson Jean-Marie

718 600-4630  
at ( )

\_\_\_\_\_  
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)

**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**

JEANMARIE HOLDINGS, 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 01/28/2019 and assigned  
Florida document number 119000027773.

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)**

**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:

Sabrine Semoin

New Registered Office Address:

10281 N LAKE VISTA CIR

Enter Florida street address

DAVIE

City

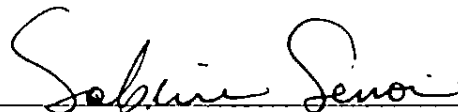
Florida

33328

Zip Code

**Registered Agent's Signature, if changing Registered Agent:**

*I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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**

\_\_\_\_\_ 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>                   |
|--------------|----------------|--|---|
| MGR          | Sabrine Semoin | 10281 N LAKE VISTA CIR, DAVIE FL 33328 | <input checked="" type="checkbox"/> Add |
| _____        | _____          | _____                                  | <input type="checkbox"/> Remove         |
| _____        | _____          | _____                                  | <input type="checkbox"/> Change         |
| _____        | _____          | _____                                  | <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         |
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| _____        | _____          | _____                                  | <input type="checkbox"/> Change         |
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| _____        | _____          | _____                                  | <input type="checkbox"/> Remove         |
| _____        | _____          | _____                                  | <input type="checkbox"/> Change         |

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**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.

cord 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 s filed.

29th of December 2020

Signature of a member or authorized representative of a member

Robenson Jean-Marie

Typed or printed name of signee