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## **COVER LETTER**

TO: Registration S Division of Co		* · · · · · ·		
Jenuine Er	nterprises, LLC	. r		
SÙBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
,	Jennifer L Hall	8		
	Jenunine Enterprises, LLC	Name of Person	2019 H	32
	5110 S. Manhattan Avenue	Firm/Company #8211	2019 HAR 15 PH	APPROVE
	Tampa, FL 33611	Address	T ST 13	Ċ
	jennye@jenuine-enterprises			
For further information	E-mail address: ( concerning this matter, please ca	to be used for future annual report notifi all:	cation)	
Jennifer L Hall	Ç .,	813 451-3700 at ( )		
Name	of Person		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)	
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jenuine Enterprises, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L19000055720	mpany were filed on 2-26-2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>1019</b>
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	AR T
		15 PM
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		enter the name of the nev
Name of New Registered Agent:		
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 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 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
MGR	Jennifer L. Hall	5110 S. Manhattan Avenue #8211 Tampa, FL 33611	<b>■</b> Add
			Add
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	3/1/2019	
Note: If the date inserted in the	the date of filing:  must be specific and cannot be prior to date of filing or more to is block does not meet the applicable statutory filing reduce Department of State's records.	
If the record specifies a dela (b) The 90th day after the	ayed effective date, but not an effective time record is filed.	e, at 12:01 a.m. on the earlier of:
Dated March 11	2019	
Jerry	Signature of a member or authorized representative of a	nember
Jennifer L. Hall		
	Typed or printed name of signee	

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Filing Fee: \$25.00