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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

MAY 14 2020

I ALBRITTON

TO: Registration Section
Division of Corporations

SUBJECT: Love Jannie One
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:

Melissa S. Lucas
Name of Person

Firm/Company

844 NW 25th Ave
Address

Fort Lauderdale, FL 33311
City/State and Zip Code

md@200bellsouth.net
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa S. Lucas at (754) 224-8053
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

TO
ARTICLES OF ORGANIZATION
OF

Love Janine One

(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 9/12/2019 and assigned

Florida document number LA900028622

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)

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

City

Florida

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 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

or removed from our records.

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Act</u> |
|--------------|-------------------------|--------------------------------------|--|
| <u>Ambr</u> | <u>Melissa S. Lucas</u> | <u>844 NW 25th Avenue</u> | <input type="checkbox"/> Add |
| | | <u>3331</u> | |
| | | <u>Ft. Lauderdale, Fla</u> | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| <u>Ambr</u> | <u>Vincent A. Dean</u> | <u>844 NW 25th Avenue</u> | <input type="checkbox"/> Add |
| | | <u>Ft. Lauderdale, Fla</u> | <input type="checkbox"/> Remove |
| | | <u>3331</u> | |
| | | | <input checked="" 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 document's effective date on the Department of State's records.

Dated April 24, 2020.

Melissa Smith-Lucas
Typed or printed name of signee