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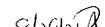
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
JCN consul	ting Ilc			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	jean elaude nakhle			
		Name of Person		
	JCN consulting llc			
		Firm/Company		
	808 n franklin st APT 2601			
		Address		
	Tampa, FL 33602			
		City/State and Zip Code		
	jinos8@gmail.com			
	E-mail address: (1	to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please ea	all:		
jean claude nakhle		703 8701242		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ction	
Registration S Division of C		-	Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCN consulting lic		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	.)
he Articles of Organization for this Limited Liability Compartion document number 844193429	ny were filed on 1/7/2020	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liz	ability company here:	
he Bay aesthetics IIc		
he new name must be distinguishable and contain the words "Limited Lia	bility 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)	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	ridaZip Code
	City	
		. • 1

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 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
			□Add
			□Remove
			Change
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m elle <u>ste:</u>	ve date, if other than the date of filing:
ecoro is fil	I 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 ed.
ted]	8/13/2021

Filing Fee: \$25.00