L20 000079697

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN S 0 2020

D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jay'S Biolo Name of Limb	Giability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
1	Denis Name of Person Biologique LLC Firm/Company
1490 N.E	143rd St Address 3
North Miami,	FLq 33161 City/State and Zip Code
	o be used for future annual report notification)
For further information concerning this matter, please ca	ည်း သ
Jeffery Denis Name of Person	at (786) 908 - 68 66 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

2020. " 15 5:12:07

June 10, 2020

JEFFERY DENIS JAY'S BIOLOGIQUE LLC 1490 N.E. 143RD ST NORTH MIAMI, FL 33161

SUBJECT: JAY'S BIOLOGIQUE LLC

Ref. Number: L20000079697

We have received your document for JAY'S BIOLOGIQUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please put the name of the LLC on page 1 of the actual application.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00011432

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF QRG/	ANIZATION	75
OF		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Name of the Limited Liability Company as it	now appears on our records.) Company)	20 104 10 7
The Articles of Organization for this Limited Liability Company were for Elorida document number $\angle 20000079697$.	iled on <u>03/11/20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
		<u> </u>
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 agent and/or the new registered office address here:	s on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
- Ci		Zin 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffen Denis	1490 N.E 14302 St	DAdd
	J	1490 N.E 14372 St North Miami, FLA, 33/6/	□Remove
		□Change	
		□Add	
		□Remove	
		Change	
			□Add
		□Remove	
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			□Remove
			□ Changa

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	2020 June 5
	/Signature of a member or authorized representative of a member
	Jeffery Donis

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