L20000131289

(Re	questor's Name)	
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Special Instructions to		·-
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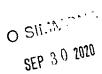




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COVER LETTER

TO: Registration Se Division of Cor		,	
Jenbuk Bea	nuty LLC		
SUBJECT:	,	·	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Valerie Perez		
		Name of Person	
	Jenbuk Beauty LLC		
		Firm/Company	
	4716 Walden Circle, 1633		
		Address	<u> </u>
	Orlando, Florida 32811		
		City/State and Zip Code	
	jenbukbeauty@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Valerie Perez		787 539-2934	
		at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	=	The Centre of	-
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jenbuk Beauty LLC

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	pany as it now appears on our records.) I Liability Company)	
ne Articles of Organization for this Limited Liability Companorida document number <u>L20000131289</u> .	ny were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ibility company here:	
ne new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter ti</u>	ie name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	. Flor	rida Zıp Code

New Registered Agent's Signature, it 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	Valerie Perez	4716 Walden Circle, 1633, Orlando Florida, 32811	■Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
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			[]Change

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ective date, if other than the da	ate of filing: (optional)
te: If the date inserted in this block	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 k does not meet the applicable statutory filing requirements, this date will not be listed a
ument's effective date on the Depo	artment of State's records.
	late, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
s filed.	
08/11 ed	2020
* <u>"</u>	$\frac{1}{2}$

Typed or printed name of signee