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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	TIAW [MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
J	. HORNE	
M,	AR 2 1 2022	

Office Use Only



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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Jon	Name of Lim	ited Liability Company	ancelhi
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	_Vanes	Santos Name of Person	
	Jannys	Property Main	ntenance LLC
	735 43	Address NE	
	St. Pete	City/State and Zip Code)
	Vanessa C E-mail address: (to be used for future annual report notific	ation)
For further information con	cerning this matter, please ca	all:	
Vanessa Name of P	Santas	at (727) 235 Area Code Daytime 1	Felephone 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Address: Registration Sect	
Division of Cor	porations	Division of Corpo	
P.O. Box 6327 Tallahassee, FL	, 32314	The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 10 AH 9: 16

Jonnys Front	Liability Company as it now appears on our records. L. AMASSIE.
,	011110000
The Articles of Organization for this Limited Liab	
Florida document number <u>L2.00015</u>	2360
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	Vanessa Santos
New Registered Office Address:	Finter Florida street address
	Cto Pete , Florida 33703 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

Name	Address	Type of Action
Vanessa Santas	735 43rd Ave. NEGLRA	e XAdd
		□Remove
		□Change
		□Add
		Remove
		□Change
		□Add
		□Remove
		□Change
		□Add
		□Remove
		□Change
		
		Remove
		Vanessa Santas 735 43rd Ave NE SLPA FL 33

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an effecti [ote: If t	date, if other to we date is listed, the he date inserted 's effective date	e date must be spe in this block de	ecific and cannot ses not meet th	e applicable statu	filing or more than story filing requir	(optional) 90 days after filing.) Prements, this date wi	irsuant to 605,0207 (Il not be listed as t
record sp I is filed.	_	deffective date	but not an eff	ective time, at 12	:01 a.m. on the e	arlier of: (b) The 9	Oth day after the
ated _	chruar	y 9th	, 20	<u>122</u> .			
J	Vane		J H		resentative of a mer	mber	
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