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## **COVER LETTER**

SUBJECT:Name of Limited Liability Company				
Articles of	Amendment and fee(s) are sub	mitted for filing.		
all correspo	ondence concerning this matter	to the following:		
	Randall Reed			
		Name of Person		
	Reed & Company CPA's			
		Firm/Company		
	6751 N. Federal Hwy, Suit	e201		
		Address	<del></del>	
	Boca Raton, Fl. 33487			
		City/State and Zip Code		
	marge@reedcpafirm.com			
	E-mail address: (	to be used for future annual report not	ification)	
formation c	oncerning this matter, please ca	all:		
zuski		561 368-9518		
Name o	f Person		ne Telephone Number	
check for th	ne following amount:			
ling 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 Section		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Articles of all corresponding Addressistration Sion of Corresponding Fee	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter  Randall Reed  Reed & Company CPA's  6751 N. Federal Hwy, Suit  Boca Raton, Fl. 33487  marge@reedcpafirm.com  E-mail address: ( Cormation concerning this matter, please can be concerned by the company of the	Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  Articles of Amendment and fee(s) are submitted for filing.  And all correspondence concerning this matter to the following:  Randall Reed  Name of Person  Reed & Company CPA's  Firm/Company  6751 N. Federal Hwy. Suite201  Address  Boca Raton. Fl. 33487  City/State and Zip Code  marge@reedcpafirm.com  E-mail address: (to be used for future annual report not formation concerning this matter, please call:  zuski  Name of Person  Area Code  Certificate of Status  Certified Copy (additional copy is enclosed)  ing Address:  istration Section  Sirreet Address:  Street Address:  Registration Se Storo of Corporations  Division of Corporations  Box 6327	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jenviolet Business Services LLC			
(Name of the Limited Li (A Fl	ability Company as it now appears ол о lorida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabili Florida document number L20000164935	ity Company were filed on June 15.	2020 and assigned	
This amendment is submitted to amend the following	g:		
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 designa	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicables	<b>:</b>		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address her		s, enter the name of the new registered	
Name of New Registered Agent:			
Num Paristra d Office Address		-	
New Registered Office Address:	Enter Florida str	vet address	
<del>-</del>	City	Zip Code	
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered agreewisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the registempany has been notified in writing of this change.	nd complete performance of my d ed agent as provided for in Chapt stered office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is	

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 addered removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jeanne E McAndrew	50 Pelican Drive, Apt. 203	
•		Delray Beach, Fl. 33483	<b>□ P</b> • • • • • • • • • • • • • • • • • • •
		<del></del>	= Change
			□Add
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			□Change
			□Add
			□Remove
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	<del></del>		
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
the record	d 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.
Dated <sub>-</sub>	8/27/20 MM/
	Signature of a member or authorized representative of a member
	Randall Reed
	Typed or printed name of signee

Filing Fee: \$25.00