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•	(Req	uestor's Na	me)	·
	(Addı	ress)		
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	(City/	State/Zip/P	hone #)	
PICK-UF	>	☐ WAIT		MAIL
	(Busi	ness Entity	Name)	
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Certified Copies		Certific	ates of	Status
Special Instructions	to Fi	iling Officer		

Office Use Only



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AUG 20 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
summer Tana	00-7/84)	10 C11 00	
SUBJECT: Jam	Name of Limi	ted Liability Company	
The second of Ameliation of	A I	without for filling	
The enclosed Articles of	Amendment and fee(s) are subs	nitted for ining.	
Please return all correspo	ndence concerning this matter	to the following:	
	Roman	Jeune	
		Name of Person	
		Firm/Company	<u></u>
	_	, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	5469 Turke	ey creek Ro	
		Address	
	Janka	300 11	,
	-JUERS ON VITTE	FI 3QQ 4C City/State and Zip Code	\
	E-mail address: (t	o be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ill:	
	-		
Komam	Jeuns	ar(<u>904_)_H34-</u>	389Z
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	☑ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is cholosod)	(additional copy is enclosed)
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
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

JANEE-) Lau	Vn care	
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	- G
The Articles of Organization for this Limited Liability	Company were filed on 6-24-7020	and assigned
Florida document number <u>L200001765</u>	<u>.</u> 27	03
This amendment is submitted to amend the following:		6.
A. If amending name, enter the new name of the lir	nited liability company here:	· 0
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Est as a main similation address if applicables		
Enter new principal offices address, if applicable:		· · · ·
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, enter the name	of the new registered
agent and/or the new registered office address here		
Name of New Registered Agent:		
		,
New Registered Office Address:	Enter Florida street address	
	ામાના ૧ છા લક્ષ્મ આ દર્ભ લક્ષ્મ છે.	
	, Florida	2: 0.1
	City	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.

Roman Tollen 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	Jeune Romain	5469 Tenkey neck RO	ÐAdd
			□Remove
			[] Change
			🗆 Add
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Note:	ve date, if other than the date of filing:
the recor- cord 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.
Dated	7-6-2020
	7-6-2020 Roman July Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Riomagian Tours O

Typed or printed name of signee