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Account Name : LEGALZOOM.COM INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JANELE ESTHETICS AND WELLNESS LLC

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C. GOLDEN

AUG 1 2 2020

COVER LETTER

TO:		istration Se sion of Cor				
		JANELE E	STHETICS AND WELLNESS	LLC		
SUBJE	CT: Name of Limited Liability Company					
			Amendment and fee(s) are sub- indence concerning this matter t			
			Cheyenne Moseley			
				Name of Person	-	
			Legalzoom.com, Inc.			
Firm/Company						
			101 N Brand Blvd 11th Fl			
				Address		
			Glendale, CA 91203			
				City/State and Zip Code		<u> </u>
			Janelelahan@gmail.com			-
				o be used for future annual	report gonnean	ony
For furt	her ii	iformation c	oncerning this matter, please of	ill:		
Cheyer	nne N	ioseley		at ()	3-0888	
		Name o	of Person	Area Code	Daytime Tel	lephone Number
Enclose	ed is 1	a check for t	he following amount:			
□ \$25	5 00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee Certified Copy (additional copy is co		☐ \$60.00 Filing For, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAIL	INC ADDRESS:		T/COURIER	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2029 A''n 10 PH 3: 22

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANELE ESTHETICS AND WELLNE				
(Name of the Limited L.	ability Compan lorida Limited Li	y as it now sobear ability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L20000196371	ity Company v	were filed on 07	/09/2020	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	<u>: limited liabil</u>	lity company be	<u>:rc</u> :	
GreenGlo Aesthetics & Wellness, LLC				
The new name must be distinguishable and contain the words	Limited Liabili	ty Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) B. If amending the registered agent and/or registered agent and/or the new registered office	registered of	Tice address on	our records, ç	nter the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
Company of the Compan		Enter Flo	eida street acibress	
			Floric	1a
		Cury		Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:			
I nereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg	and complete red agent as p istered office	performance of provided for in (f my duties, and i Chapter 605, F.S	l am familiar with and 5. Or, if this document is

If Changing Registered Agent, Signature of Non Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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 = M AMBR = A	anager uthortzed Member			
Title	Name	Address	Type of Action	
			☐ Remove	
			□ Change	
			□ Add	
			□ Remove	
			☐ Change	
			Remove	
			C Change	
			bbA C	
			☐ Remove	
			□ Change	
-			□ Add	
			□ Remove	
			☐ Change	
			Add	
			☐ Remove	
			Change	

Page 2 of 3

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filit (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective b). The 90th day after the record is filed. Dated		
E. Effective date, if other than the date of fil (If an effective date is listed, the date must be specific Noic: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective (b). The 90th day after the record is file. Dated		
_		
_		
-		
(If an effect Note: If	te date, if other than the date of filing: (optional) mive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.)207 (3 1 as th
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	rof:
Dated _	Consessed	
	Signature of a member or authorized representative of a member	
	Janel Laban Typed or printed name of signec	

Page 3 of 3

Filing Fee: \$25.00