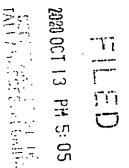
LZ0 000 220353

(Re	questor's Name)	
(Àd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



10/13/20--01033--019 **60.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Likathy Home Spray Lice Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Okon
JES LUX LLC
941 Duail to
Jupiter FL 33478
City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Dkon at Stell S43 4717 Name of Person at Stell S43 4717 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee. Certificate of Status □ \$60.00 Filing Fee.

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy H	ome Spray	LLC
(Name of the Limited L.) (A F)	ability Company as k now appears on orida Limited Liability Company)	our records.)
•	1.1	. a ath 1000
The Articles of Organization for this Limited Liabili	ty Company were filed on W	and assigned
Florida document number <u>L 2000 D 2203</u>	<u>553</u> .	V
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
JES Lux	LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	
·		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		O 111
<u> </u>		<u> </u>
		0
B. If amending the registered agent and/or regist	ered office address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address he	<u>re</u> :	-
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida si	reet address
:		, Florida
	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.

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
Managor	Stacy Gumbus	1602 Berkshire Ave Jupiter FL 33469	2_ ⊠Add
		Jup 11 4 2 50969	□Remove
	•		□Change
			🗆 Add
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(If an e Note	tive date, if other than the date of filing: (optional) flective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ord 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
cord is	iled.
Date	10/5/2020
	Oppica 20km
	Signature of a member or authorized representative of a member
	\\\ \chi_{\text{c}} \\ \chi_{\text{l}} \\ \chi_{\te