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COVER LETTER

Jovan Blineau
Juplife Group, LLC
Daytime Phone: 305.332.8494

Return Address: 23 Pinetree Circle Tequesta, FL 33469

COVER LETTER

TO: Registration Se Division of Cor			
CUDIFOT.	JUPLIA	E GROUP, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOVA	N BLINEA)
	JUPL	Firm/Company	<u>C</u>
			,
	7750 UK	EECHOBEE 8	(N) SUITE # 4-948
		Address	, , ,
	WEST PALMI	BEIRH, FL 3: City/State and Zip Code	3411
		City/State and Zip Code	
	J 84,	INEAU & TUPLIFE to be used for future annual report not	EGROUP CONI
For further information c	concerning this matter, please c	•	meation)
	BLINEAU		0.011ail
	- , - , - , - , - , - , - , - , - , - ,		2-8494 ne Telephone Number
Name C	of Person	Area Code Dayun	te reiepitone Numoei
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	Tallahassee be Street, Suite 810
rananassee,	11. 32314	4413 IV. IVIOIIIC	ic succe, suite oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUPLIFE GROUP, LLC

being filed to merely reflect a change in the registered offic company has been notified in writing of this change.		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance of my duties, and I an	n familiar with and
New Registered Agent's Signature, if changing Registered Agen		
	, Florida _	Zip Code
		•
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		PH 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the na	me of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		~ 3
Enter new mailing address, if applicable:		
Trincipal Office and els Proof DE TOTALE PROPERTY		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and contain the words "Limited Lia	sbility Company," the designation "LLC" or the	abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liz	ability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L20000 23426</u> 9	•	
The Articles of Organization for this Limited Liability Compar		20 and assigned

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	BLINEAU, KATIE	7750 OKEECHOBEE BLV SUITE #4-948 West Palm Beach, FL	D. □∧dd
		SUITE #4-948	MRemove
		West Palm Beach, FL	[]Change
		33411	
			□Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: January 15+
(If an effective date is listed the date are set) (If an effective 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 (3Xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00