

h20 000262264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

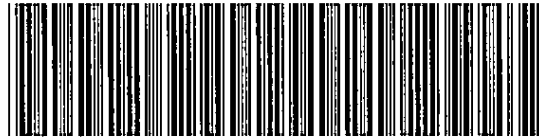
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FILED  
2022 FEB 16 AM 6:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

MAR - 1 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB 16 PM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FL

January 25, 2022

MEDECIA ROBERTSON  
654 N. DELMONTE CT.  
KISSIMMEE, FL 34758

SUBJECT: JAH322 LLC  
Ref. Number: L20000262264

We have received your document for JAH322 LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 222A00001887

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Jah322  
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:

**Medecia Robertson**

Name of Person

**Jah322**

Firm/Company

**654 N Delmonte Ct**

Address

**Kissimmee FL 34758**

City/State and Zip Code

**Momzearthangel@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Medecia Robertson**

Name of Person

at ( **954** )

Area Code

**297-5198**

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32311

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2000 Apalachee Parkway  
Tallahassee, FL 32310

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2022 FEB 16 PM 6:55

Jah322

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 08/24/2020 and assigned  
Florida document number L20000262264

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Momz Earth Angel LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered 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

City, Florida 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**

[illegible]

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 (3)(b)

**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 \_\_\_\_\_

~~Signature of a member or authorized representative of a member~~

# Medecia Robertson

Typed or printed name of signee

# NOTES

5/17/06

To whom it may Concern,

J. Medina

Robertson have recently relocated and have done an address change through the US postal service.

But is requesting a precaution, for documents sent before fully settled with USPS, I'm requesting an address update in your system.

Old address - 654 N. Delmonte CT

Kissimmee FL 34758

\* New Address - 2211 Pontiac DR.

Tallahassee, FL 32301

Please And Thank You

J. Medina