KZO 000275063

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300365895853

05/14/21--01007--012 **25.00

2021 HAY 14 PH 4: 04

LB 117/21

COVER LETTER

TO:

TO: Registration So Division of Cor				
	SȚANCE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jean Alcime			
		Name of Person		
	JEAN PRESTANCE LLC		Ç	2(
		Firm/Company	<u> </u>	721
	7840 NW 50th Street APT	204		# F E L
		Address		
	Lauderhill, FL 33351		્વ <u>નર્</u> (૧૯ <u>૧</u>	PM 4: 04
	Jeanrenaldalcime@gmail.co	City/State and Zip Code		†10 :
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Jean Alcime		954 504-3211 at ()		
Name o	f Person		ne Telephone Number	_
Enclosed is a check for the	ne 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 Certificate of Certified Cop (additional copy	f Status & Dy
Mailing Address		Street Address:	•·	
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of	•	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

d assigned
d assigned
n "L.L.C."
-5-1
F1 32.00
ار معاملات ا
0 1 e

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
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
		292) HAY 14	Change
		<u> </u>	
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				_	
					-
					
					
		_			
				_	
	<u> </u>				
				_	
					2
				• (721
		, <u> </u>	-	74, 44, 7	=
		· · · · · · · · · · · · · · · · · · ·		· · · · ·	-
			ن پ	7	? ju
	-			17.5	
			· -· · · · · · · · · · · · · · · · · ·		
-					
factive date if other than the date	e of filing:		lant	ional)	
Fective date, if other than the date an effective date is listed, the date must be s	pecific and cannot be p	rior to date of filing or	more than 90 days after	er filing.) Pi	ursuant to 605.020
ote: If the date inserted in this block of cument's effective date on the Depart			ng requirements, th	is date wi	ll not be listed a
·					
	e, but not an effectiv	re time, at 12:01 a.m	on the earlier of: (b) The 9	0th day after the
is filed.	<u>/</u>	·			
is filed.	<u> </u>				
record specifies a delayed effective dat is filed.	ature of a member of a	uthorized representativ	o of a mounter		

Filing Fee: \$25.00