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(Re	equestor's Name)	
(Ad	dress)	
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(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER ' .

TO: Registration Se Division of Cor			•
JANE OFFI	ICIAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	REJANE S ROCHA OLIV	/EIRA	
		Name of Person	
	JANE OFFICIAL LLC		
	· .	Firm/Company	
	7747 HYACINTH DR		
		Address	
	ORLANDO FL 32835		
	rejanedejaci@hotmail.com	City/State and Zip Code	
	• ==	to be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	all:	
REJANE S ROCHA OL	IVEIRA	407 600-9365	
Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e 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 Address		Street Address:	
Registration S Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000374592</u>	ompany were filed on 11/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	E 2021 JAN
JANNE FASHION LLC		A TI
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.)		- H
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the i</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

LAND ORDIGIAL LLO

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 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
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			□Remove
			□Change
			□Add
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ective date, if other than effective date is listed, the date: If the date inserted in a current's effective date on	ate must be specific a this block does not	nd cannot be prior meet the applic	able statutory			
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