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(Re	equestor's Name)	-, .
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer: J. HORNE	
	APR 1 5 2022	2

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FILED 2022 APR -1 AH 9: 12 SECRETARY OF STATE

COVER LETTER

	istration Se ision of Cor			,
our in our	Brittanie Jan	rvis LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Brittanie Jarvis		
			Limited Liability Company submitted for filing. tter to the following: Name of Person Firm/Company Address City/State and Zip Code ss: (to be used for future annual report notification) se call: 407 908-3513 at (
		Brittanie Jarvis LLC		
			Firm/Company	
		P.O. Box 701367		
			Address	
		Saint Cloud, FL. 34770		
			City/State and Zip Code	
		fireemt145@aol.com	76.6	
Englisher:	a formation a			iotilication)
ror iumner ii	niormation c	oncerning this matter, please ca	att.	
Brittanie Jar			at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres		Street Address Registration	
Di	vision of C	Corporations	Division of C	Corporations
P.(D. Box 632	27	The Centre o	f Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brittanie Jarvis LLC			SSS AX
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	T9 3
The Articles of Organization for this Limited L Florida document number L21000080304	iability Compar	ny were filed on 02/17/2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	ability company here:	
Brittanie Jarvis, LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	Same	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		Same	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records, enter the i	name of the new registered
Name of New Registered Agent:	Same		
New Registered Office Address:		Enter Florida street address	
		. Florida	1
		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
MGR	Brittanie Jarvis	3585 Kaiser Ave	= Add
		Saint Cloud, FL. 34772	□Remove
			Change
AMBR	Erik Jarvis	3585 Kaiser Ave	□Add
		Saint Cloud, FL. 34772	□Remove
			■ Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
			Change

						
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fective date, if other than the neffective date is listed, the date in	ust be specific and	cannot be prior to	o date of filing or r	(op	er filing.) Pursuant to	605.020
te: If the date inserted in this cument's effective date on the	Department of S	tate's records.	ole statutory fini	ig requirements, ti	ns date will not be	nsicu a
ecord specifies a delayed effect is filed.	ive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
03/21		2022				
		/				
	(p ,					

Filing Fee: \$25.00