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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXPROS OF CLERMONT LLC

Account Number : I20210000146 Phone : (352)660-1026 Fax Number : (800)466-5730

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J&E CREATIVE ENTERPRISES, LLC

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COVER LETTER

	gistration Servision of Corp			
	J&B CREATIVE ENTERPRISES, LLC			
SUBJECT		Name of Limi	ted Liability Company	
The enclose	ed Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following	
		DAVID NAMENIUK		
			Name of Person	
		TAX PROS OF CLERMO	NT LLC	
	Name of Limited Liability Company enclosed Articles of Amendment and fec(s) are submitted for filing. se return all correspondence concerning this matter to the following: DAVID NAMENIUK			
		CLERMONT, PL 34711		
			·	
				ation)
For further	information co			
			352 660-1026	
	Name of	f Person	at ()	elephone Number
Enclosed is	a check for th	ne following amount:		
		☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
R D P	egistration S ivision of C O. Box 632	Section Corporations 7	Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe	orations Ilahassee Street, Suite 810

THE COOLERANCE CHECKED BRICKS THE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&E CREATIVE ENTERIALS, LEC		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000099381</u> .	were filed on 03/01/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TWENTY AFTER ENTERPRISES, LLC		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent.		<u> </u>
New Registered Office Address:	Enter Florida street address , Florid	
	City	= Zip Code
New Registered Agent's Signature, If changing Registered Agent	<u> </u>	2

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

Title	Name	Address	Type of Action
			□Add
			Remove
			□ Change
			(] Add
			Remove
			□Change
			Remove
			Change
			□ Add
			□Remove
			Change
			Remove
			☐ Change
			DAdd
			Remove
			☐ Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lote: It	re date, if other than the date of filling:
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
F ated_	EBRUARY 10 2022
aicu _	David Dane NUK Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	DAVID NAMENIUK

Filing Fee: \$25.00