# h21000168925

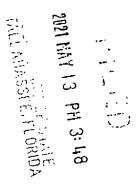
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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16.

### **COVER LETTER**

TO: Registration Division of C			
Jess-Rig	ht Financial & Notary, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jessie Delva		
		Name of Person	
	Jess-Right Financial & No	otary, LEC	
		Firm/Company	
	2410 Flamingo Drive		
		Address	
	Miramar, FL 33023		
		City/State and Zip Code	
	msjdelva@yahoo.com		· · · · · · · · · · · · · · · · · · ·
For further informatio	n concerning this matter, please e	to be used for future annual report no all:	meanon)
Jessie Delva		561 283-9136	
Nam	e of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check fo	r the 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)
<u>Mailing Add</u> Registratio		Street Address: Registration Se	ection
_	f Corporations	Division of Co	
P.O. Box 6		The Centre of	
Fallahasse	e, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jess-Right Financial & Notary, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.21000168925	Company were filed on April 12, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lig	mited liability company here:	
Jess-Right Enterprises, LLC		2021 17.14
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		<del>- 参う</del>
(Principal office address MUST BE A STREET ADE	ORESS)	<u> </u>
		<u> </u>
		3: <b>1.8</b>
Enter new mailing address, if applicable:		ンド. <b>6</b>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
<del></del>	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 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
AMBR	Jessie Delva	2410 Flamingo Drive Miramar, FL 33023	■Add
			□Remove
			□Change
			Dadd
			Change
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			OR PROPROVE
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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	( <b>optional)</b> ys after filing.) nts, this date w	Pursuant t vill not b	o 605.02 e listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied d is filed.	r of: (b) The	90th day	' after th
Dated May 6 2021			
Signature of a member or authorized representative of a member			

Filing Fee: \$25.00

## Cover Letter

Name: Delva, Jessie

Daytime number: 561-283-9136

Return Address: 2410 Flamingo Drive Miramar, FL 33023

Note: Attached is a request to amend name and authorized person title.