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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpora		
SUBJECT: Jaynel	SKitchen Supprises LLC Name of Limited Liability Company	
The enclosed Articles of Amo	endment and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	
	JAYNELL Bristol	
-	Name of Person	
-	Firm/Company	
_	7958 Pines BIUD #202	
ļ	1958 Pines BIUD #202 Pembroke pins 51330	
-	City/State and Zip Code	
_	E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
Mimoll Br	1stal 954, 178-6326	
Name of Per	Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

21 CC# 20 PH 12: 38

Jaimenskitchen Sur	ny as it now appears on our records.)
(A Florida Limited L  The Articles of Organization for this Limited Liability Company  Florida document number  2100029 1175	iability Company)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7958 PINOS SIND #202
(Principal office address MUST BE A STREET ADDRESS)	Pambroke pins St 33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11427 Buille the st Panhroke pines JL 33025
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address: 10422	nell Bristell Sw 16th ST
Penchro	Enter Florida street address  (Florida SSO 25)  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:

21 SEP 20 PH 12: 38 MGR = Manager AMBR = Authorized Member Myr Jaynell Bristel Pembroke pinn sk 5 **Type of Action** \_\_\_\_\_ □Change □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change 

\_\_\_ □Change

	r change(s) here: (Attach additional sheets, if necessary.)  21 SEF 20 Prince
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ive date, if other than the date of fill fective date is listed, the date must be specific.	ling: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does no ent's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be list
ient's effective date on the Department C	of State & records.
d specifies a delayed effective date, but:	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
6-23-21	/- /01
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	#
Signature o	of a member or authorized representative of a member
•	, , /

Filing Fee: \$25.00

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