L21000357925

(Re	questor's Name)	
(Add	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations				
SUBJECT: JANAES	TYLEZ LLC				
		nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
	ondence concerning this matter				
	DAVE ROBERTS, CPA.	CGMA			
		Name of Person		•	
	DAVE ROBERTS CPA.				
		Firm/Company		•	
	100 NORTH BISCAYNE	BOULEVARD, SUITE 804 Address		2021 AUS 19 SECRETARY	-
	MIAMI, FL 33132	City/State and Zip Code			
	INFO(ii)DROBERTSPA.CO	•	leation)	PM 2: 03 OF STATE SEE, FL	1
for further information of	concerning this matter, please e		(Cattern)	03 TE	
DAVE ROBERTS, CPA Name o	A, CGMA of Person	at (305) 777-1699 Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sectorision of Corp	orations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANAE STYLEZ LLC	
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.)
(71) Write Limited	Emotity Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/09/2021 and assigned
Florida document number <u>L21000357925</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
JANAY STYLEZ LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1021
Enter new mailing address, if applicable:	9 1
(Mailing address MAY BE A POST OFFICE BOX)	ino i
	03
D. IC	
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
the new registered office address here:	
Name CNI D	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Physida street address
 	. Florida Ziv Code
New Registered Agent's Signature, if changing Registered Agent:	2.47 Cale
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	review for the Character (0.5 or 0.00)

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
+			3— □Add
		SEGRETARY OF STATE TALL AT ACT SEE, FL	A Change
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		tiling or more than 90 days a	ptional) fler tiling.) t	ursum	ta 60\$ 02
te: If the date inserted in this block does cument's effective date on the Departmen	not meet the applicable statu it of State's records.	nory filing requirements,	this date w	ill not b	e listed
cord specifies a delayed effective date, bu s filed.	ut not an effective time, at 12	:01 a.m. on the earlier of	(b) The	വവം പ്ര	
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Signature	of a member or authorized repre	esentative of a sound			_
Alexis Hende	- Topic	- or a member			

Filing Fee: \$25.00