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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HO	RNE
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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

subject: <u>ЈЕ</u> /	MMARUSSO, Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		フ、RUSSO Name of Person	
	JEMMARU.	S30, LLC Firm Company	
		ry Rd. Unit 2	703
	Sunny Isles	City State and Zip Code J mail, Com To be used for future annual report noti	33/60
For further information c	n-mail address; (concerning this matter, please c		incation
		at (_ 86 _) Q0 Area CodeDaytim	2 ~ 113 / ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 631	<u>'</u> /	The Centre of T	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JEMMARUSSO, LLC

FILED

2021 OCT 25 PM 8: 53

JEMMARUSS	O, LLC	SECRETARY OF STA	· :
Name of the Limited Liability Compar (A Florida Limited L	iability Company)	records.) Interminability [€8
The Articles of Organization for this Limited Liability Company			~ .
lorida document number <u>L21000394966</u>			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabi			
JEMMA RUSSO, LLC he new name must be distinguishable and contain the words "Limited Liabili			_
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		-
Principal office address MUST BE A STREET ADDRESS)			_
			_
Inter new mailing address, if applicable:			_
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	_
			_
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records,	enter the name of the new registe	red
gent and/or the new registered office address here.			
Name of New Registered Agent:			
Name of New Registered Agent.	/		_
New Registered Office Address:	Enter Florida street	address	<u>.</u>
	Tanter I formas sirecti		
	Citv	, Florida Zip Code	-
ew Registered Agent's Signature, if changing Registered Agent:	v		
7		I fourth an arrange to arrange with	d
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete p			ine
ccept the obligations of my position/as registered agent as p	rovided for in Chapter	605, F.S. Or, if this document is	
eing filed to merely reflect a change in the registered office of ompany has been notified in writing of this change.	address, I hereby confi	m that the limited liability	
ompany nas ocen nonjica in whiting of this change.			
/ If Chan	ging Registered Agent Signs	ture 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	1 ype of Action
			Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		- /	_Add
			□Remove
			□Change
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(If an eff Note:	ive date, if other than the date of filing:
he recor ord is fi	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 the led.
Dated	October 21, 2021.
	Signature of a member or authorized representative of a member

. . . .