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(R	lequestor's Name)				
(A	ddress)				
(A	address)				
(C	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





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A. BUTLER
JAN 25 2022

COVER LETTER

TO:

Registration Section

Divis	ion of Corp	oorations				
	Sincerely Created by Jessy LLC .					
SUBJECT: _	<u>-</u> .	Name of Limited Liability Company				
The enclosed A	Articles of A	Amendment and fee(s) are sub	nitted for filing.			
Please return a	ill correspor	ndence concerning this matter t	to the following:			
		Jessica Mullins				
		Name of Person				
			Firm/Company			
		2814 Rivers End Rd				
			Address			
		Orlando, FL 32817	City/State and Zip Code	<u> </u>		
		jessiquecreationsllc@gmail.	•			
		E-mail address: (to be used for future annual report notif	ication)		
For further inf	ormation co	oncerning this matter, please ca	all:			
Jessica Mullin	15		716 732-9114 at ()			
-	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 Fi	ling 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)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	* 1	
Liability Company as it r Florida Limited Liability (now appears on our records.) Company)	J. 3.2
	•	J.F
ing:		
ne limited liability con	mpany here:	
ls "Limited Liability Comp	pany," the designation "LLC" o	or the abbreviation "L.L.C."
le:		
<u>4DDRESS)</u>		
)X)		
stered office address	on our records, enter the	e name of the new register
<u>iere</u> :	·	
·	Enter Florida street address	
	arae	۵.,
Cin		Zip Code
	ility Company were find: ing: ne limited liability constructed Liability Comple: 4DDRESS) 2X) istered office address nere:	Liability Company as it now appears on our records.) Florida Limited Liability Company) ility Company were filed on 09/13/2021

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
MGR	Dominque Roberts	217 Baynes St, Buffalo, NY 14213	\equiv Add
			□Remove
			□ Change
			□Add
			Remove
			
			□Remove
			□ Change
			□Remove
			□Add
			□ Remove
			□Change
			□Remove
			□ Change

Typed or printed name of signee