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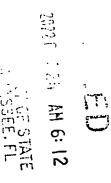
(Requestor's Name)
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R. HUNT

COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
elib hezer.	Jubilant Creations LLC	•			
SUBJECT:	Name of Lin	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:			
	Itene Lexi Verne	r			
		Name of Person			
	Jubilant Creation	SLLC		WIZEST ZN. AM 6: 12	ه ۱۰ مو
		Firm/Company			•
	1521 Lakefront D	ive. Unit 201		2555 2555 4555 4555 4555 4555 4555 4555	÷ :
		Address		1 0 0	C.
	Sarasota / FL 342-	40		INTE FL	
		City/State and Zip Code			
	lexi.verner@yahoo				
		to be used for future annual report noti	fication)		
For further information c	concerning this matter, please c	all:			
Lexi Verner		847 275-1875			
Name o	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addres Registration (<u>Street Address:</u> Registration Sec	ction		
Division of C		Division of Cor	porations		
P.O. Box 632 Tallahassee, 1		The Centre of T	'allahassee e Street, Suite 81	l (1	
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Tallahassee, FL 32303

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

Jubilant Creations LLC			
(Name of the Limited)	d Liability Compa A Florida Limited	inv as it now appears on our recor Liability Company)	<u>(k.)</u>
The Articles of Organization for this Limited Lia	bility Company	were filed on 10/21/2021	and assigned
Torida document number L21000458280	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company "the designation "LL	C" or the abbrea justification 1 C"
Inter new principal offices address, if applica		ncy company. The designation Tax	or the artificial factors.
Principal office address MUST BE A STREET		1521 Lakefront Drive, Unit 20	01 % rs
		Sarasota, FL 34240	3 Til
			50° ₹ 5
Inter new mailing address, if applicable:			6: 1 E. FIA
Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	1521 Lakefront Drive, Unit 20	01 Let 6
		Sarasota, FL 34240	
3. If amending the registered agent and/or regent and/or the new registered office address	gistered office ; <u>here</u> :	address on our records, <u>ente</u> i	r the name of the new registers
Name of New Registered Agent:	Lexi Verner		
New Registered Office Address:	1521 Lakefront	Drive, Unit 201	
		Enter Florida street addre	
	Sarasota		lorida <u>34240</u>
		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.

Arens Lexi Verner
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

<u>Title</u>	<u>Name</u>	Address		Type of Action
				□Add
				□Remove
				□Change
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(If an effective date is listed, the date must	ck does not meet the applicable statute	(optional) ling or more than 90 days after filing.) Pursuan ory filing requirements, this date will not	i to 605,0207 be listed as
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:0	H a.m. on the earlier of: (b) The 90th d	ay after the
Dated October 19 Are	2022		
1re	ne Lexi Verner		
-	Signature of a member or authorized repres	sentative of a member	_

Filing Fee: \$25.00