422000003676

(Requ	uestor's Name)	
(Addr	ress)	
nbbA)	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	s of Status
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Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor				
MadeJuLoc	ok, LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Judith Maurent			
		Name of Person		
		Firm/Company		
	1655 NW 126th Street			
		Address	, 	
	North Miami, FL, 33167			
		City/State and Zip Code	, 	
	madejulook20@gmail.com	to be used for future annual report not	ilication	
For further information of	concerning this matter, please co	·		
Judith Maurent		786 381-5723		
Name o	f Person	Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:	etion	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 633	P.O. Box 6327 The Centre of Tallahassee		l'allahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MadeJuLook, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 27, 2021 ___ and assigned Florida document number L22000003676 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR	Judith Maurent	1655 NW 126th Street, North Miami, FL, 33167	= Add
			□Remove
			□Change
MGR	Adeline Christian	1120 NW 145th Street, Miami, FL, 33168	□Add
			\exists Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the d	ate of filing:	(optional)
an effective date is listed, the date must h	e specific and cannot be prior to date of filing or more than 90	days after filing.) Pursuant to 605.0207
vote: 11 the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applicable statutory filing required artment of State's records.	nents, this date will not be listed as
record specifies a delayed effective	late, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
d is filed.		
Outubar 2nd	2022	
October 2nd		
	O di M. A.	
 	grature of a member or authorized representative of a memb	pe r
•		
Judith Maurent		
	Typed or printed name of signee	

Filing Fee: \$25.00