8/15/22, 3:45 PM

Division of Corporations

Florida Department of State Physical Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : I20220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address:			
rmail:	DANTESS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERIORS BY JANE LLC

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						COVER LETTER		· .		
	TO:	Registration Division of (n Section Corporations		T.	;	` 4	* &		
			INTERIORS E		C					
	SUBJE	ECT:	<u></u>	Name	of Li	mited Liabitity Company				
	The en	closed Articles	of Amendme	nt and fee(s)	are su	bmitted for filing.				
	Please	Please return all correspondence concerning this matter to the following:								
	CRISTIANE OLIVEIR					BRA SILVA				
						Name of Person				
			Ci	KO ACCOU	TING	AND TAX SERVICES LLC				
						Firm Company				
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			()	RLANDO -	Ft :					
	City/State and Zip Code									
	E-mail address: (to be used for future annual report notification)									
	For fu	For further information concerning this matter, please call:								
	CRISTIANE OLIVEIRA SILVA				239 23	4-7415				
		Na	me of Person		-	at () Area Code	Daytime Telepho	ne Number		
	Enclos	sed is a check I	for the following	ig amount:				- · · · · · · · · ·		
	≡ \$3	5.00 Filing Fe		.00 Filing Fee criticate of Si		Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address: Registration Section			<u>Street Add</u> Registra	dress: tion Section					
		_	of Corporati	ons		•	of Corporatio	ns		
		P.O. Box 6327				tre of Tallahas				
		Tallahass	ee, FL 3231-	4			Monroe Street see, FL 32303	, Suite 810		

1/22 27 50193 1001

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13:04 PM TO:18506176383

FROM: 3213660511

H220002759193

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TERIORS BY JAN						
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears on or Liability Company)	ar records,)				
The Articles of Organization for this Limited I Florida document number		were filed on 01/05/2	022	and assi	gned		
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility company here:					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designal	ion "LLC" or the	abbreviation L.I	J.C."	_	
Enter new principal offices address, if appli	cable:	1034 DOUGLAS AV	F			_	
(Principal office address MUST BE A STREET ADDRESS)		ALTAMONTI: SPRINGS - FL - 32714					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	1034 DOUGLAS AVE. ALTAMONTE SPRINGS - FL - 32714						
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our record	ls, <u>enter the na</u>	me of thresiev	2022 AUG	 stered	
Name of New Registered Agent:	JOANA GUM	IERI			5	点	
New Registered Office Address:	1034 DOUGLAS AVE.				3		
	ALTAMONI	Enter Florida str FE SPRINGS	vot address , Florida _	물론 32714본드 .	င် သ		
	J	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.

If Changing Registered Agent, Signature of New Registered Agent

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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
		ALICE MARKET PROPERTY OF THE PARTY OF THE PA	
			□Remove
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		111	□Remove
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D. Hame	ending any other information, enter change(s) here: (Auach additional sheets, if necessary.)
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If the record 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 record is filed.

document's effective date on the Department of State's records.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Dated	August 15 2022.	
	Joans Emlen	
	Signature of a member or authorized representative of a member	
	Joana Gumeri	
	Typed or printed name of signee	