## KZZ000103787

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## **COVER LETTER**

TO: I	Registration Se Division of Cor	ection porations		
CHRIEC		BY JANY LLC		•
SUBJEC	1;	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		JANY CHAVEZ		
			Name of Person	<del> </del>
		<del>_</del>	Firm/Company	
		10368 WEST FLAGLER S	ST:	
			Address	
		MIAMI FL 33174		
		1990JANYS@GMAIL.COM	City/State and Zip Code  M to be used for future annual rep	ort notification)
For furthe	er information c	concerning this matter, please ca	ıll:	
JANY CI	IAVEZ		305 98902	87
	Name o	f Person	at ()Area Code	Daytime Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Addr	
	Registration !		Registratio	on Section of Corporations
	Division of C P.O. Box 632	•		e of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/28/2022}{}$  and assigned

FILED

2022 MAY 23 PM 4: 53

BEAUTY BY JANY LLC

company has been notified in writing of this change.

NY LLC

(Name of the Limited Liability Company as it now appears on our regrets! AHASSEE, FL

(A Florida Limited Liability Company)

Florida document number 1.22000103787			
This amendment is submitted to amend the following	រតិ:		
A. If amending name, enter the new name of the	limited liability company here:		
SERVICES BY JANY LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable	s		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new register</u> ere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
_	, Florida		
New Registered Agent's Signature, if changing Regis	stered Agent:		
hereby accept the appointment as registered as			

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

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blid document's effective date on the D	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 day	s after filing.) Pursuant to 605.020
e record specifies a delayed effectived is filed.	e date, but not an effective tim	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
	2022		
MAY 16			
Dated MAY 16	Signature of a member or authori		

Filing Fee: \$25.00