

L22000117296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

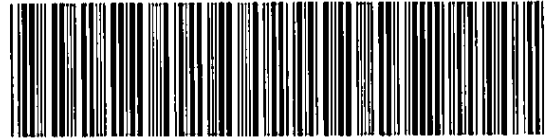
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SECRETARY OF
TALLAHASSEE, FL

ALLAHASSEE, FLOR.

2022 NOV - 7 PM 12:06

2022 NOV - 7 PM 12:42

FILED

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ant & Jewels LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Fresneda
Name of Person

Ant & Jewels LLC
Firm/Company

18655 SW 47 ST.
Address

Dunnellon, FL. 34432
City, State and Zip Code

anthony.fresneda@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Fresneda at (352) 216-7506
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2115 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ant & Jewels LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 NOV -7 PM 12:05
SECRETARY OF
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3-14-22 and assigned
Florida document number L22000117296.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ant & Deanna 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:

(Principal office address MUST BE A STREET ADDRESS)

18655 SW 47 ST

Dunnellon, FL 34432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18655 SW 47 ST

Dunnellon, FL 34432

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Deanna Marie Scenna

New Registered Office Address:

18655 SW 47th ST.

Enter Florida street address

Dunnellon, Florida 34432

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.

Deanna Scenna
If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Julie Additon	9810 SE 164 PL	<input type="checkbox"/> Add
		Summer Field, FL 34491	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner Manager	Anthony fresneda	18655 SW 47 ST	<input type="checkbox"/> Add
		Dunnellon, FL 34432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Owner Manager	Deanna M. Scenna	18655 SW 47 ST	<input checked="" type="checkbox"/> Add
		Dunnellon, FL 34432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Lucas Almonte	18655 SW 47 ST	<input checked="" type="checkbox"/> Add
		Dunnellon, FL 34432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Amanda Krishak	18655 SW 47 ST	<input checked="" type="checkbox"/> Add
		Dunnellon, FL 34432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 7, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00