

L220000124696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

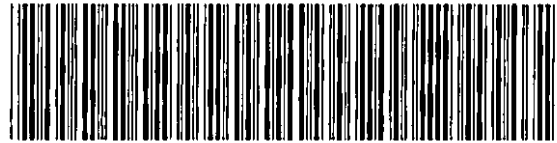
(Document Number)

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10/17/23--01033--006 **52.50

FILED
2023 OCT 17 PM 4:10
SEC
TAL

COVER LETTER

**To: Registration Section
Division of Corporations**

SUBJECT: JNAP CONSULTING, 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:

JENNY NAPOLES

Name of Person

Firm/Company

366 EAST 13 STREET

Address

HIALEAH FL 33010

City/State and Zip Code

JNAPCONSULTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNY NAPOLES

786 486-4518

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

JNAP CONSULTING, 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 3/11/2022 and assigned
Florida document number L22000124696.

This amendment is submitted to amend the following:

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

JNAP CONSULTING AND EQUIPMENT SERVICE, 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)

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent: SANDY GOMEZ

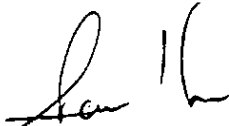
New Registered Office Address: 366 EAST 13 STREET

Enter Florida street address

HIALEAH, Florida 33010
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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	SANDY GOMEZ	366 EAST 13 STREET	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNY NAPOLES	366 EAST 13 STREET	<input type="checkbox"/> Add
		HIALEAH FL 33010	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

50 PERCENT OWNER- SANDY GOMEZ

50 PERCENT OWNER- JENNY NAPOLES

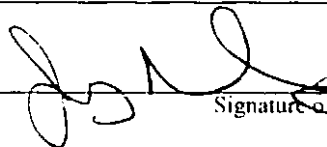
E. Effective date, if other than the date of filing: 11/6/2023 (optional)

(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.

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.

Dated NOVEMBER 6, 2023


Signature of a member or authorized representative of a member

JENNY NAPOLES

Typed or printed name of signee

Good Afternoon.

Please see attached correct documents to make changes.

Please be advised that am enclosing a money order for the difference of \$2.50 to pay the difference.

I already mailed a previous money order of \$50.50.

Please call me at 786-486-4518.
or email me.

Thank you
Julia.