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SECRETARY OF STATE
TAILAHASSEE, FL

2022 SEP -6 PH 4: 0

COVER LETTER

TO: Registration Section Division of Corporations	1
SUBJECT: Jean freig	htis LLC
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Donal	A Vean Name of Person
Jean fi	right 15 LC
3167 AUB	ur BLV D Collander
fort 1	autertule 33312
Jean fre	City/State and Zip Code (to be used for future annual report notification)
For further information concerning this matter, please	call:
Conald Jean Name of Person	at (305) -430-5204 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jean tre	eights 11c		
(Name of the Lim	ited Stability Company as it now (A Florida Limited Liability Cor	rappears on our records.) npany)	
The Articles of Organization for this Limited I Florida document number <u>L22000</u> 36	,	on 8/16/202	.2 and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liability comp	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	<u></u> -	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
			SE
			TAL CR
B. If amending the registered agent and/or		our records, <u>enter the na</u>	me of the new registere
agent and/or the new registered office addr	ess here:		A P
Name of New Registered Agent:	Donald	Jean	OF STA
New Registered Office Address:		nter Florida street address	<u>' m</u>
		171 . 1	
	City	, Florida .	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

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>	Name	<u>Address</u>	Type of Action
2915tered	Short-errig Jean	Fort Law derdale +6 27	# 201 □Add 312
1 gr n .			Remove
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(If an eff	ve date, if other than the date of filing:
he recor	d 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 ed.
Dated	August 31 2021
	Walde -
	Signature of a member or dathorized representative of a member