# 1222000519287

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Fall N
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600439319756

C.C. amena

11/13/24--01019--018 ++25.00



A. RAMSEY NET. 10,2024

## . COVER LETTER

DAYTIME NUMBER: 406.282.4789
RETURN ADDRESS: 14777 SETON CREEK BLVD
WINTER GAZDEN FL 34787

## · COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: JJNM Serv		5 11 1 1 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	John Morris		
		Name of Person	
	JJNM Services LLC	- 784	
		Firm/Company	
	14777 Scton Creek Blvd		
	14777 Scion Creek Bivo	Address	7
		Address.	
	Winter Garden FL 34787		
		City/State and Zip Code	
	johnm.it@icloud.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
John Morris		at (406 ) 282-4789 Daytin	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	re following amount:		
	•		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	<ul><li>\$60.00 Filing Fee,</li><li>Certificate of Status &amp;</li></ul>
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address		Street Address:	<b>^</b> `-
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 HOV 13 PM 12 31

JJNM Services LLC

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

(A Florida Limited Liability Company) (24.1)

The Articles of Organization for this Limited Liabil	ity Company	were filed on 12/12/20.	22 and assigned
Florida document number L22000519287	·		
This amendment is submitted to amend the followin	iā:		
A. If amending name, enter the new name of the	limited liabi	lity company here:	
Kiara & Krishnav LLC			
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:	7901 4th St N STE 30	(1
(Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL, 33	702
	_		
		•	
Enter new mailing address, if applicable:		7901 4th St N STE 30	0
Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>	St. Petersburg, FL, 33	702
	7		
B. If amending the registered agent and/or regisagent and/or the new registered office address he		ddress on our record:	s, enter the name of the new registere
agent and/or the new registered office address no	<u>:::e</u> :		
Name of New Registered Agent:	egistered Ager	nts Inc	
New Registered Office Address:	901 4th St N S	TE 300	
		Enter Florida stre	vet address
s	t. Petersburg		Florida 33702
_		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

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
	<del> </del>	□ Remove	
			☐ Change
			□Add
		<del>.</del>	□ Remove
			☐Change
			□Add
			Remove
			Change
			□ Add
			Remove
			☐Change
	***		□∧dd
			Remove
			Change

E ffac	tive date if other than the date of films
Note:	tive date, if other than the date of filing:
he reco	rd 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 filed.
Datec	10/23/2024
	Signature of a member or authorized representative of a member
	John Morris

Filing Fee: \$25.00