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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jennifer Ann Cook 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:
Jennific Cook Name of Person
Firm/Company
Po Box 6543 Address
Ma varre, FL 32566 City/State and Zip Code Jen Cook homes a) yahoo. com E-mail address: (to be used for future annual report portification)
E-mail address: (to be used for future annual report portification)
For further information concerning this matter, please call:
Name of Person at (808), 783-5364 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z\$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallalana transacti

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jennifer Ann	OOK, LLC ompany as if now appears on our recornited Liability Company)	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as if now appears on our recornited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on	28/22 (effective 1/1/2) and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Jennifer Ann Co	DOK LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 1023 JAN 17 PH 4:46 SECREJARY OF STATE SECR
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	788
	F	lorida
	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
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			□Remove
			□Change
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te: If the date	if other than the is listed, the date must inserted in this bettive date on the L	lock does not m	eet the applicab	date of filing or mo	re than 90 days after	onal) r filing.) Pursuant to 6 s date will not be li	05.020 isted a
s filed.) The 90th day af	ter the
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Typed or printed name of signee