

L23000031566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

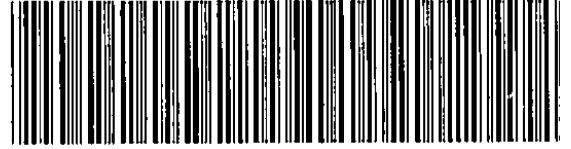
(Document Number)

Certified Copies \_\_\_\_\_

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Special Instructions to Filing Officer:

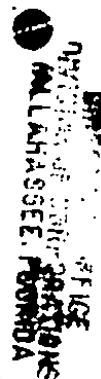
Office Use Only



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2023 JAN 27 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

01/30/23--01001--018 \*\*2



2023 JAN 27 PM 4:43

RECEIVED

1/27/2023

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AILANA GROUP 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:

DIANA C. JIMENEZ CARO

Name of Person

AILANA GROUP LLC

Firm/Company

5770 W IRLO BRONSON MEMRL HWY STE 413

Address

KISSIMMEE, FL 34746

City/State and Zip Code

INFO@JCBSOLUTIONSINC.NET

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

For further information concerning this matter, please call:

DIANA C. JIMENEZ CARO

866

296-1833

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

**SECRET**

2023 JAN 27 PM

SECRET  
TALLAHASSEE

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "limited liability company," the designation "LLC" or the abbreviation "L.L.C."

5770 W IRLO BRONSON MEMRL HWY

STE 413

KISSIMMEE, FL 34746

5770 W IRLO BRONSON MEMRL HWY

STE 413

KISSIMMEE, FL 34746

## Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

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*Civ*

*Zip Code*

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MGRM	LAURA D. SOSA-RAMIREZ	9117 PINCH SHOT DR WINTER GARDEN	<input type="checkbox"/> Add
		ORLANDO, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LAURA D. SOSA-JIMENEZ	9117 PINCH SHOT DR WINTER GARDEN	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**E. 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),

**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

1/27/2023

DIANA Jimenez

Signature of a member or authorized representative of a member

Diana Jimenez

Typed or printed name of signee

**Filing Fee: \$25.00**