L23000042352

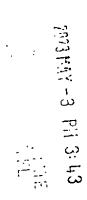
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000408010860

09,709,729--01713--005 **35.02



COVER LETTER

Registration Section

Division of Corporations

TO:

JL GLEAN	1 CO LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAVONI L. CROSBY		
		Name of Person	
	J L GLEAMCO LLC		
		Firm/Company	
	14400 SW 105 AVE		
		Address	
	MIAMI FL. 33176		
	 -	City/State and Zip Code	7.3 7.3 7.3 7.3
	JLGLEAMCO@GMAIL.C		1
		to be used for future annual report noti	ncation)
For further information c	oncerning this matter, please c	all;	
JAVONI CROSBY		786 2274503 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S	Section	<u>Street Address:</u> Registration Se	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JL GLEAM CO LLC

The Articles of Organization for this Limited Liability Company were filed on 1/23/2023			
Florida document number 1.23000042352	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
	~ ≥		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or			
Enter new principal offices address, if applicable:	# F		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
	بي آ		
Enter new mailing address, if applicable:	5 5		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	e name of the new registered		
Enter Florida street address	Enter Florida street address		
, Floric	da Zip Code		
City	zip Coae		
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 provisions of all statutes relative to the proper and complete performance of my duties, and it accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. being filed to merely reflect a change in the registered office address, I hereby confirm that to company has been notified in writing of this change.	I am familiar with and 5. Or, if this document is		

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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			☐Add P:
			Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			
			□Remove

CHANGE ARTICLE III BUSI	INESS DESCRIPTION TO " BEAUT"		
BUSINESS ENGAGING IN I	LAWFUL ACTIVIY FOR WHICH A	LIMITED LIABILITY	
COMPANY MAY BE ORGA	NIZEDIN THIS STATE"		
	·		
			<u>_</u> _
		<u></u>	
	be specific and cannot be prior to date of filick does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursua ry filing requirements, this date will no	
ord specifies a delayed effective filed.	date, but not an effective time, at 12:0	La.m. on the earlier of: (b) The 90th	day after t
d APRIL 20	2023		200
~ 1			5093 HV
-14	ignature of a member or authorized represe	- 1	

Filing Fee: \$25.00