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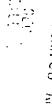
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COVER LETTER

Division of Corporations
SUBJECT: JEANCIAULE STLOWIS LLC Name of Limited Liability Company
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:
John D St lowis
JEANCLANde Stlouis LLC Firm/Company
736 Northfield AVE
Address
West orange NJ 07052
,
Sambajohn oll 36° yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FASIOLA C St Louis at (347) 879 - 4029 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$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 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on or ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>12300072088</u>	ny were filed on 2/3	2/2023 and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		. ယ ပ
		5.5
Enter new mailing address, if applicable:		62
(Mailing address MAY BE A POST OFFICE BOX)	 .	رن
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	· .	, Florida
	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>	Name	Address Type of Acti	on
AMBR	FABROLA C St Louis	Address Noethfield Are westorange NJ 07052 736 Noethfield Are westorange NJ 076201Add	
		□Remove	
		□ Change	
		□ Add	
		□Remove	
		□Remove	
		□Change	
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cument's effective do	ite on the Department	of State's records				
	yed effective date, but	t not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	r the
is filed.						
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	J. Signature	or a member of audit	1	. a memoer		
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