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## **COVER LETTER**

	stration Section sion of Corporations	
011D 11000	Jennifer Provost LLC	
SUBJECT:	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:	
	Jennifer Provost	
	Name of Person	
	Jennifer Provost LLC	
	Firm/Company	
	3273 Huntington Place Dr	
	Address	
	Sarasota, Fl. 34237	
	City/State and Zip Code	
	jenniferprovost941@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further is	formation concerning this matter, please call:	
Jennifer Pro	at () 5 20 21 l	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
\$25,001	ling Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee & }\Bigcup \\$certificate of \text{ Certified Copy }\Bigcup \\$certified Copy (additional copy is enclosed)	Status & 19

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Jenni	fer Provost LLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	ng: $-\frac{\pi}{\omega}$
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e: 3273 Huntington Place Dr.
(Principal office address MUST BE A STREET A	ADDRESS) Saxasota, F2 34267
Enter new mailing address, if applicable:	3273 Huntington Place Dr.
(Mailing address MAY BE A POST OFFICE BO	x Sarassta, fi 34207
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, enter the name of the new registere ere:
Name of New Registered Agent:	Jennifer Provost
New Registered Office Address:	3273 Huntington Place Dr.  Enter Florida street address
-	Sarasota, Florida E 34207  City Zip Code
New Registered Agent's Signature, if changing Reg	istered 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

Title	Name	Address	Type of Action
MGR	Jamist Privis		DAdd
	·	Drive Sgrason,	Remove
			□Change
			□Remove
			□Add
			□ Remove
			□ Add
			□ Remove
			□Change
			□Change
			□Add
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lfan effe <u>Note:</u> I	ctive 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 (  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t  nt's effective date on the Department of State's records.
record d is file	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 d.
Dated _	10 29/2026 . A
	Signature of a member of authorized representative of a member
	Jennifer Provost

Filing Fee: \$25.00