## L23000262235

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Cartified Cooles Cartificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:	Registration S Division of Co			
CHD IE	Aimee Jen	nings LLC		
SUBJEC	-I; <u> </u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Aimee Jennings		
			Name of Person	
		Aimee Jennings LJ.C		
			Firm/Company	
		108 Robin Rd. Suite 2006		
			Address	<del></del>
		Altamonte Springs FL 327	701	
			City/State and Zip Code	<del></del>
		aimeejennings@counseling	mail.com	
		E-mail address: (	to be used for future annual report not	tification)
For furth	er information o	concerning this matter, please c	all:	
Aimee J	ennings		407 252-5641 at ( )	
	Name o	of Person		ne Telephone Number
Enclosed	l is a check for t	he following amount:		
≣ \$25.	00 Filing Fee	S30.00 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		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee,	rl <i>3</i> 2314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aimee Jennings LLC		
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company orida document number 1.23000262235	were filed on 5/30/2023	and assigned
orida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:	853 SR 436 Suite 2001	
Principal office address MUST BE A STREET ADDRESS)	Casselberry, FL 32707	
nter new mailing address, if applicable:	853 SR 436 Suite 2001	
Mailing address MAY BE A POST OFFICE BOX)	Casselberry, FL 32707	
	<del></del>	
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new regist
Name of New Designment Accepts		· -
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	<u>:</u> :
	, 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
<del></del>			□Add
		<u></u>	□Remove
		* <u>* * * * * * * * * * * * * * * * * * </u>	Change
			□Add
	•		□Remove
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	•		□Change
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			□Remove
	•		□Change

"Th	e general purpose for which the Limited Liability Company is organized is to engage in any lawful business
ente	erprise for profit."
	<del></del>
•	
ective effective	date, if other than the date of filing:
te: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
	o controlled the time of particular of the controlled the controll
cord sp s filed.	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed <u> </u>	Jugust 4, 2023
	Almin X Day on
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00