Division of Corporations

## 7/14/23, 4:55 PM

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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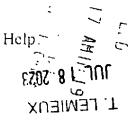
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JS BY DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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COVER LETTER TO: Registration Section Division of Corporations JS BY DESIGN 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Mailing Address:

\$25,00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

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Street Address:

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

☐ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

		F	age:	3/5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JS BY DESIGN LLC  (Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company were filed on	07/2023	and assi	gned
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 the ab	breviation "L.I	C.''
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, <u>e</u> agent and/or the new registered office <u>address here</u> :	nter the nam	e of the new	register
Name of New Registered Agent:	<b>ড</b> ়	2023	
New Registered Office Address:		=	
Enter Florida siveet o		17	<del>-</del>
Cuv	_, Florida		(-
New Registered Agent's Signature, if changing Registered Agent:	- - -	=: -	
I hereby accept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my dutie			

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>	<u>Name</u>	Address	Type of Action
AMBR	JEANNE SPRADLIN	3013 Pindo Palm Place	
		Ellenton, FL 34222	Remove
		<del>10 1</del>	
AMBR	Mary Jean Spradlin	3013 Pindo Palm Place	<b>=</b> Add
		Ellenton, FL 34222	□Remove
		<del></del>	□Change
	<del></del>		□ Add
		<del></del>	□ Remove
			□Add
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ecord specifies a delayed effective is filed.	date, but not an effe	crive time, at	12:01 a.m. on	the earlier of: (	b) The 90th day	cafter th
ted	2023	··				
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•	Signature of a member	or authorized i	epresentatike of	a member		

Filing Fee: \$25.00