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#### **COVER LETTER**

**Division of Corporations** JANINA'S MUTISERVICES 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: JUANITA E HERNANDEZ Name of Person Firm/Company 6 PINE TRACE TERRACE Address OCALA, FL 34472 City/State and Zip Code JANINAHER@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUANITA HERNANDEZ Name of Person 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 Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

### Mailing Address:

TO:

Registration Section

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

JANINA'S MUTISERVICES LLC

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on 12-13-2023	and assigned
Florida document number 1.23000551000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
JANINA'S MULTISERVICES LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6 PINE TRACE TERRACE	
Principal office address MUST BE A STREET ADDRE	OCALA, FL 34472	i l
		)
Enter new mailing address, if applicable:		ÿ
Mailing address MAY BE A POST OFFICE BOX)		.3
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u> TA HERNANDEZ	name of the new registe
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: 6 PINE	TRACE TERRACE	
	Enter Florida street address	- 1
OCALA	, Florid	la <sup>34472</sup>

#### 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.

City

Zip Code

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>	<u>Address</u>	Type of Action
MGR JUANITA HERNANDEZ	JUANITA HERNANDEZ	6 PINE TRACE TERRACE	<b>∑</b> Add
		OCALA, FL 34472	□Remove
			□ Change
		□ Add	
			□Remove
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If an effi Note:	ive date, if other than the date of filing:  [SAME DATE]  (optional)  (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e record rd is fil	d 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 ed.
	1/3/23 . 11 .
Dated <sub>:</sub>	
Dated <sub>.</sub>	Signature of a member of all portized representative of a member

Filing Fee: \$25.00