L24000113564

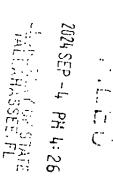
-	(Requestor's Name)	
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	(Document Number)	
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COVER LETTER

DIVISION OF COL	porations		
Janaikha G			
SUBJECT:	Name of Lin	ited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Janaikha Galvan		
		Name of Person	
	-	Firm/Company	
	1941 Gulf Bay Ln		
		• 4 1	
		Address	
	Pensacola, FL 32506		
		City/State and Zip Code	
	nikkie.g.realtor@gmail.con		
		to be used for future annual repo	ri notification)
For further information c	oncerning this matter, please c	all:	
Janaikha Galvan		850 341690	15
Name o	f Person	Area Code D	Paytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
= 325.00 r ming rec	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration 3	Section	Registratio	n Section

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

TO:

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

Janaikha Galvan LLC		
(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000113564</u>	ompany were filed on March 5, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Janaikha Mae Galvan LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR.	ESS)	202
		P4 S
Cuter and multimend dungs if applicables		# F
Enter new mailing address, if applicable:		Sc p
Mailing address MAY BE A POST OFFICE BOX)		
		i iii o
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	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 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 Action
			□Add
		<u></u>	□Remove
			□Change
			□Remove
			□ Change
			□Add
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<u> Note:</u> I	cetive date, if other than the date of filing:
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 thed.
Dated _	August 29 2024
	The state of the s
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00