L24000365953

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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09/18/24--01033--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ms jenns - authorize	Los agent / Persons detail
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
alphonso Tindal	
Name of Person	
MS Jenns Firm/Company	
<u>.</u>	
551 NW 80 AVE #1	04
Marga [a]/ 3306 City/State and Zip Code	3
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Alphonso Tindal at Name of Person	(<u>754</u>) <u>27</u> 2 <u>48</u> 3 / Area Code & Daytime Telephone Number
Mailing Address: 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
Enclosed is a check for the following amou	int:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

Return



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 11, 2024

MS JENNS 551 NW 80 AVE #104 MARGATE, FL 33063

SUBJECT: MS JENNS LLC Ref. Number: L24000365953 De Correction attacred.

We have received your document for MS JENNS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED TWO DOCUMENTS UNDER ONE FILING FEE. PLEASE CHOOSE WHICH TO FILE. NOTE: THE STATEMENT OF CHANGE OF REGISTERED AGENT FORM ONLY CHANGES THE REGISTERED AGENT, WHILE THE AMENDMENT CAN CHANGE EVERYTHING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 724A00022575

mailed and one '
all #25 Check
sent
10/17/24 Separate

OCT 2 1 2024 1;

See attach: cerrection

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	Jenn	S	our records)		
(<u>)-ant of the 1711111</u>	(A Florida Limited I	ny as it now appears on c Liability Company)	jui recorus.)		
The Articles of Organization for this Limited Li Florida document number <u>L 2400</u>	iability Company	were filed on $\frac{8}{9}$	20/24	and assigned	i
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designa	tion "1.1.C" or the	abbreviation "L L C "	
Enter new principal offices address, if applic					
(Principal office address MUST BE A STREE					
		·			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	BOX)		_		
			2	2024	
				0	
B. If amending the registered agent and/or r agent and/or the new registered office addres		ddress on our record	is, <u>enter the na</u>	ne of the new reg	<u>istered</u>
agent and/or the new registered office address	s nere:				
Name of New Registered Agent:	MADO	mso 111	da-1	. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
New Registered Office Address:	150	1/1/80	A1/5-19	# 1884	
	~~	Enter Florida str	vet address		
	- 1 5 XM	Enter Florida str	Florida _	<u>F1 33</u>	<u>0</u> 63
		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.

f Changing Registered Agent, Signature of New Registered Agent

-	
m effect ote: If	tive date, if other than the date of filing: 8/20/204 (optional) tive 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 605.020 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
ecord : is filed	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 l.
ited	9/9/ 2024
	Signature of a member or authorized representative of a member
	HIDHONSO TINDIAL Typed or printed name of signee

Filing Fee: \$25.00

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	Alphonso Tindal	551 NW80 KUE	Add
		55, NW80 KVE #104 marguto 71 33063	□Remove
			\(\text{Change} \)
			□Add
			□Remove
			□Change
			\ \textsquare \textsquare Add
			□Remove
			□Change
 -			□Add
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			□ Change
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			□Remove
			□Change
		*	□ Add
			Remove
			□Change