

109 00000 2669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

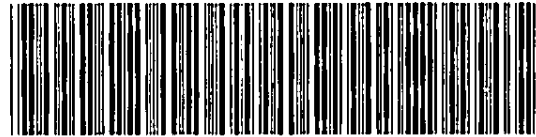
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/03/21--01024--027 **25.00

RECEIVED
TALLAHASSEE, FL

2021 MAY -3 PM 6:04

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PRUCE
JUN 16 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JANS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMONE SPADE
Name of Person

JANS, LLC
Firm/Company

86 37 SW 42nd PL
Address

GAINESVILLE, FL 32608
City/State and Zip Code

Simone@spade.cc
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

SIMONE SPADE at (352) 234-8066
Name of Person 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 amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: JANS, LLC

Enter new principal office address, if applicable:

8637 SW 42nd Place
Gainesville, FL 32608

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8637 SW 42nd Place
Gainesville, FL 32608

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:

MD9000002669

3. Jurisdiction of its organization:

COLORADO

4. Date authorized to do business in Florida:

07-09-2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida, and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

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.

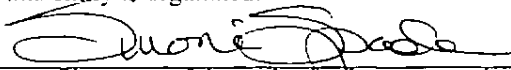
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

SIMONE SPADE
Typed or printed name of signer

Filing Fee: \$25.00

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

JANS, LLC

is a

Limited Liability Company

formed or registered on 09/13/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061374351.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/29/2021 that have been posted, and by documents delivered to this office electronically through 04/30/2021 @ 09:28:53.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/30/2021 @ 09:28:53 in accordance with applicable law. This certificate is assigned Confirmation Number 13137601.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 04/28/2021 01:49 PM
ID Number: 20061374351
Document number: 20211413242
Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:	<u>20061374351</u>		
Entity name:	<u>JANS, LLC</u>		
Jurisdiction under the law of which the entity was formed or registered:	<u>Colorado</u>		
1. Principal office street address:	<u>8637 SW 42nd Place</u> <small>(Street name and number)</small>		
	<u>Gainesville</u> <small>(City)</small>	<u>FL</u> <small>(State)</small>	<u>32608</u> <small>(Postal/Zip Code)</small>
	<u>Florida</u> <small>(Province - if applicable)</small>	<u>United States</u> <small>(Country - if not US)</small>	
2. Principal office mailing address: (if different from above)	<u></u> <small>(Street name and number or Post Office Box information)</small>		
	<u></u> <small>(City)</small>	<u></u> <small>(State)</small>	<u></u> <small>(Postal/Zip Code)</small>
	<u></u> <small>(Province - if applicable)</small>	<u></u> <small>(Country - if not US)</small>	
3. Registered agent name: (if an individual)	<u></u> <small>(Last)</small>	<u></u> <small>(First)</small>	<u></u> <small>(Middle)</small>
or (if a business organization)	<u>Diamante</u> <small>(Suffix)</small>		
4. The person identified above as registered agent has consented to being so appointed.			
5. Registered agent street address:	<u>611 North Weber Street</u> <small>(Street name and number)</small>		
	<u>Suite 104</u>		
	<u>Colorado Springs</u> <small>(City)</small>	<u>CO</u> <small>(State)</small>	<u>80903</u> <small>(Postal/Zip Code)</small>
6. Registered agent mailing address: (if different from above)	<u></u> <small>(Street name and number or Post Office Box information)</small>		
	<u></u> <small>(City)</small>	<u></u> <small>(State)</small>	<u></u> <small>(Postal/Zip Code)</small>
	<u></u> <small>(Province - if applicable)</small>	<u></u> <small>(Country - if not US)</small>	

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FILED
CLERK OF COURT
JANUARY 3, 2021

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Spade	Simone		
(Last)	(First)	(Middle)	(Suffix)
8637 SW 42nd Place			
(Street name and number or Post Office Box information)			
<hr/>			
Gainesville	FL	32608	
(City)	(State)	(Postal/Zip Code)	
United States			
(Province - if applicable)		(Country - if not US)	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.