# L21000270697

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## **COVER LETTER**

### TO: Registration Section **Division of Corporations**

SUBJECT:	Jessa Mess l	Management, LLC	•		
SUBJECT:	•	Name of Limit	ed Liability Company		202
The enclosed	l Articles of A	Amendment and fee(s) are subm	nitted for filing.		2023 CCT 13
Please return	all correspor	ndence concerning this matter to	o the following:		ω <b>≅</b>
		Jessica R Provost			A
		-,,,,	Name of Person		
			Firm/Company		
		27672 Minnesota St			
		-	Address		
		Hilliard, FL 32046			
		jessprovostcosulting@gmail.			
For further ir	nformation co	e-mail address: (to oncerning this matter, please cal	be used for future annual report no	mineation)	
Jessica R. Pr			904 362-2092 at ()		
	Name of	Person	Area Code Dayt	ime Telepho	ne Number
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jess Provost Consulting, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/10/21}{1}$ Florida document number L21000270697 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jessa Mess Management, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 27672 Minnesota Dr (Principal office address MUST BE A STREET ADDRESS) Hilliard, FL 32046 Enter new mailing address, if applicable: 27672 Minnesota Dr (Mailing address MAY BE A POST OFFICE BOX) Hilliard, FL 32046 B. If amending the registered agent and/or registered office 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 \_\_

## 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

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
MGR	Jessica R. Provost	27672 Minnesota Dr	<b>≅</b> Add
		Hilliard, FL 32046	□Remove
		<u></u>	
			□Add
			D23 © Remove
			2023 ©Remove
			— ∏Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change
	<del></del>		
			□Remove
			□Change

Management, Ll	LC; however, there are times I DBA as Jess Provost Consulting. I need to change back to
Jessa Mess Man	nagement, LLC which is what my EIN is under and then submit the fictious name.
REGISTE	r as itssa moss management. LLC
	DBP USS PROVOST CONSULTING
I Will	requier the fictions name after
the c	change is made.
. 7. 6	
	5.77 L/s A T.M. SPC - TCA - CA.MCAZS BPC - 5.5 - CA.MCAZAZAZA
HISO M	name note to update my address.
H170 IX	name note to youate my accoress.
HI70 IX	name note to youate my accoress.
HIO IX	name note to youate my accoress.
rive date, if other	ter than the date of filing:  d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date on the Department of State's records.
tive date, if other fective date is listed in the date insernent's effective d	of 10/21  The than the date of filing:  (optional)  d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date in this block does not meet the applicable statutory filing requirements, this date will not be
tive date, if other fective date is listed If the date inser- nent's effective d and specifies a delatiled.	of/10/21  ler than the date of filing: (optional)  d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the dint this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.