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: (850)617-6380

From:

Account Name : ARS & ASSOCIATES INC

Account Number : I20110000073 Phone : (605)653-7350

Fax Number : (605)653-5205

Enter the email address for this business entity to be used for futer annual report mailings. Enter only one email address please.

Email Address: ROB @ ARJACCOUNTING. Com

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | JAZZ IT UP INC | , |
|----------------------|--|--|--|
| DOCUMENT NU | JMBER: | P0000006212 | 22 |
| The enclosed Artic | cles of Amendment and fe | e are submitted for filing. | |
| Please return all co | orrespondence concerning | this matter to the following: | |
| | | ROB SOCOL | |
| | | Name of Contact Person | |
| | AR | S & ASSOCIATES INC | _ |
| | | Firm/ Company | |
| | 20810 | WEST DIXIE HIGHWAY | |
| | | Address | |
| | NORTI | H MIAMI BEACH, FL 33180 | |
| | | City/ State and Zip Code | |
| | ROB@AF E-mail address: (to be u | RSACCOUNTING.COM used for future annual report notification | n) |
| For further inform | ation concerning this matte | er, please call: | |
| | ROB SOCOL | at (305) | 653-7350 |
| Name | e of Contact Person | Area Code & Daytime | Telephone Number |
| Enclosed is a chec | k for the following amount | made payable to the Florida De | partment of State: |
| □ \$35 Filing Fee | ☑ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6 | nt Section f Corporations 327 | Street Address Amendment Section Division of Corporations Clifton Building | |
| i allahasse | e, FL 32314 | 2661 Executive Center C | ircle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of JAZZ IT UP INC (Name of Corporation as currently filed with the Florida Dept. of State) P00000062122

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| | G IT 4 ME INC | The no |
|---|--|---------------------------------|
| ame must be distinguishable and contain in bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro | designation "Corp," "Inc," or "Co". | A professional corporati |
| . Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u> | | |
| . Enter new mailing address, if applicable | | |
| (Mailing address <u>MAY BE A POST OFFI</u> | CE BOX) | |
| | egistered office address in Florida, e | nter the name of the |
| . If amending the registered agent and/or i | egistered office address in Florida, e | oter the name of the |
| . If amending the registered agent and/or new registered agent and/or the new regi | egistered office address in Florida, e | nter the name of the |
| . If amending the registered agent and/or in new registered agent and/or the new regintered agent: Name of New Registered Agent: | registered office address in Florida, estered office address: . (Florida street address) | nter the name of the , Florida |

10-04-2011 01:31:38 p.m. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) <u>Title</u> <u>Name</u> Address Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, Indicate N/A)

5/5

305

(Title of person signing)

BRITTANY SOCOL
(Typed or printed name of person signing)

PRESIDENT