

#L1300011788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

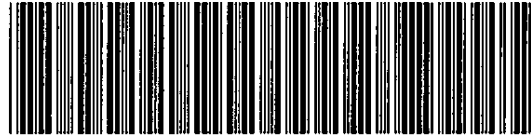
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO DOC PER
CONVERSATION WITH
CHANTAL JARDIN 6/13/2014
KS

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05/27/14--01024--014 **25.00

FILED
2014 MAY 27 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUN 13 2014

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Jamming Juice LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chantal Jardim
Name of Person

Jamming Juice LLC
Firm/Company

110 N Federal Highway Apt 601
Address

Fort. Lauderdale FL 33301
City/State and Zip Code

info@jammingjuice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chantal Jardim at (917) 825 5729
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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TALLAHASSEE, FLORIDA

Wednesday May 21, 2014

Jamming Juice LLC
110 N Federal Highway
Apt 601
Fort Lauderdale FL, 33301
917 825 5729

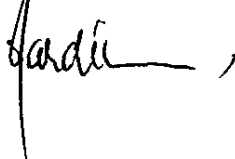
To Whom It May Concern,

I Chantal Jardim have been registered as an agent to accept service of process for the above stated Limited Liability Company at the place designated in this letter. I am adding an authorized member Robert M. Calabro Jr to also be able to amend the articles of organization for Jamming Juice LLC.

If you need further information please call me at the above contact information.

Yours Truly,

Chantal Jardim



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2014 MAY 27 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Jamming Juice LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 5/21/2014 and assigned
document number L13000111788 8/7/2013

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal office address, if applicable:

office address MUST BE A STREET ADDRESS

110 N Federal Highway
Apt 601
Fort Lauderdale FL 33301

Mailing address, if applicable:

address MAY BE A POST OFFICE BOX

Changing the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address
Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title

Name

Address

AMBR ~~MEMBER~~ - Robert M Calabro

110 N Federal Hwy

Apt 601 Ft Lauderdale


33301

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/21/2014 , _____


Signature of a member or authorized representative of a member

Chantal Jardim
Typed or printed name of signee