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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co					
Jamming J	Juice LLC				
	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.				
Please return all correspondent	condence concerning this matter to the following:				
	Chantal Jardim				
	Name of Person				
	Jamming Juice LLC				
	Firm/Company				
	611 NE 14th Ave aPT 301				
	Address				
	Fort Lauderdale FL 33304				
	City/State and Zip Code cjardim1@yahoo.com				
	E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please call:				
Chantal Jardim	917 825 5729 at ()				
Name o	of Person Area Code Daytime Telephone Number	-			
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &			

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

TO ARTICLES OF ORGANIZATION OF

FILED

to, topic

2015 OCT 20 AM II: 56

Jamming Juice LLC	SECRETARY OF STATES [ALLAHASSEE_FLORIDA			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.)			
The Articles of Organization for this Limited Liability Compa lorida document number	any were filed on and assigned and assigned			
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited li	ability company here:			
amming Services LLC				
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."			
Inter new principal offices address, if applicable:	611 NE 14th Ave Apt 301			
Principal office address MUST BE A STREET ADDRESS	Fort Lauderdale, FL 33304			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	611 NE 14th Ave Apt 301 Fort Lauderdale, FL 33304			
egistered agent and/or the new registered office address h	office address on our records, enter the name of the name. Itim (No longer use 'Tracey' as my last name).			
New Registered Office Address: 611 NE 14th	611 NE 14th Ave Apt 301 Fort Lauderdale, FL 33304			
	Enter Florida street address			
Fort Lauden	dale 33304			
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
ambr	Robert M Calabro	110 N Federal highway Ft. Lauderc	□ Add
		please remove this indi	vidual = Remove
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(If an efi Note:	ive date, if other than the date of filing: 10123 2015 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed then the date on the Department of State's records.	.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
D . 1		
Dated		
	Signature of a member or authorized representative of a member	
	Chantal Jardim	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00