U5000121072

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

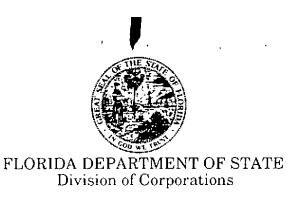


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July 26, 2017

CAROLINA GARCIA 623 PLANTATION KEY CIR UNIT 203 OCOEE, FL 34761

SUBJECT: JAZBEL LLC Ref. Number: L15000121072

We have received your document for JAZBEL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00015103

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	•	COVERLETTER	
TO: Registration S Division of Co			
SUBJECT: JAZBEL	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	CAROLINA GARCIA		
	-	Name of Person	
	CG PRO BUSINESS CON	NSULTING LLC	
		Firm/Company	
	623 PLANTATION KEY	CIR UNIT 203	
		Address	
	OCOEE FL 34761		
		City/State and Zip Code	
	INFO@CGPROBUSINES:		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
CAROLINA GARCIA		786 594 1269 at ()	
Name	of Person	at () Area Code Daytim	e 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, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAZBEL LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r recor <u>ds.</u>)	
The Articles of Organization for this Limited I		were filed on	15	and assigned
lorida document number 1.15000121072	·	•		
This amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name o	of the limited liab	ility company here:		
N/A			_	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	480 w 84 st suite 109		
Principal office address MUST BE A STRE		Hialeah FL 33014		
				2 -
Enter new mailing address, if applicable:		PO BOX 278305		7 JUL
Mailing address MAY BE A POST OFFICE	BOX)	MIRAMAR, FL 33027		SFI
			-	是广
			OA	SS E
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter</u>	the nume of the
Name of New Registered Agent:	CG PRO BUSI	NESS CONSULTING LI	.C	
New Registered Office Address:	623 PLANTAT	TION KEY CIR 203		
	17	Enter Florida stree	et address	
	OCOEE		, Florida _ ³⁴	761
		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

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	MARIA LAURA RUBINO CASTI	936 NE 191 STREET	
		MIAMI FL 33179	■ Remove
			□ Change
MGR	SILVIA TOYOS	PO BOX 278305	Add
		MIRAMAR FL 33027	☐ Remove
			☐ Change
			□ Add
			Remove SSA 3
			FLORIO
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			Change

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Alternatives of the section of the s	F (r
tive date, if other than the date of filing:	e of filing or more than 90 days after filing 2 Pursuant to 60
If the date inserted in this block does not meet the applicable s	statutory filing requirements, this date will not be lis-
ment's effective date on the Department of State's records.	
	•
ecord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earli
e 90th day after the record is filed.	
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Filing Fee: \$25.00