

15000121072

(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:

Office Use Only



400301489164

07/21/17--01017--020 **25.00

FILED
17 JUL 31 AM 11:49
TALLAHASSEE, FLORIDA

103 0 2 2017

Y SULF



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2017

CAROLINA GARCIA
623 PLANTATION KEY CIR UNIT 203
OCOE, 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00015103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAZBEL 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:

CAROLINA GARCIA

Name of Person

CG PRO BUSINESS CONSULTING LLC

Firm/Company

623 PLANTATION KEY CIR UNIT 203

Address

OCFEE FL 34761

City/State and Zip Code

INFO@CGPROBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA GARCIA

786

594 1269

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JAZBEL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/15/2015 and assigned
Florida document number 115000121072

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

480 w 84 st suite 109

Hialeah FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 278305

MIRAMAR, FL 33027

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:

CG PRO BUSINESS CONSULTING LLC

New Registered Office Address:

623 PLANTATION KEY CIR 203

Enter Florida street address

OCOE

Florida 34761

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA LAURA RUBINO CASTI	936 NE 191 STREET	<input type="checkbox"/> Add
		MIAMI FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVIA TOYOS	PO BOX 278305	<input checked="" type="checkbox"/> Add
		MIRAMAR FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-11-2011 BY 60322
17 JUL 31 AM 11:49

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

N A

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

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 07/13/2017

Signature of a member or authorized representative of a member

MARIA LAURA RUBINO CASTRO

Typed or printed name of signer