

L17 000130598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 FEB -2 PM 1:08

3/15/21

**Registration Section
Division of Corporations**

Jah's Angels LLC

CT: _____
Name of Limited Liability Company

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

eturn all correspondence concerning this matter to the following:

Claire Aspelly

Name of Person

Firm/Company

20305 NW 36th Ct

Address

Miami Gardens, FL 33056

City/State and Zip Code

jahsangelstranspo@yahoo.com

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

her information concerning this matter, please call:

Aspelly 305 988-7469

Name of Person at (_____) _____
Area Code Daytime Telephone Number

d is a check for the following amount:

0.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

Jah's Angels 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 6-14-17 and assigned
document number L17000130598.

A amendment is submitted to amend the following:

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

Every name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

2307 SW 15th St

Principal office address MUST BE A STREET ADDRESS

Deerfield Beach, FL 33442

new mailing address, if applicable:

P.O. Box 8412

Mailing address MAY BE A POST OFFICE BOX

Deerfield Beach, FL 33442

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:

New Registered Office Address:

Enter Florida street address

City, **Florida**

Zip Code

Zip Code

As 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

ived from our records:

• **Manager**

= **Authorized Member**

Name

Address

Type of Action

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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

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)

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

Ord 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 filed.

January 14 2021
d _____ . _____ .



Signature of a member or authorized representative of a member

Claire Aspelly

Typed or printed name of signee