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COVER LETTER

| то | Registration Section Division of Corporation | ıs | • | | |
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| SUB. | JAZZ IT UP BY | Y VY, LLC | • | • | _ |
| | | Name of Lim | nited Liability Company | ·· | |
| | | | | | |
| ╢┪ | enclosed Articles of Amend | | | | |
| Pleas | se return all correspondence c | oncerning this matter | to the following: | | |
| | Con | ssa Nguyen | | | |
| | | | Name of Person | | |
| | JA Z | Z IT UP BY VY, LLC | | | |
| 1 | | - | Firm/Company | | |
| | 1520 | il Fairway Heights Bl | vd | | • |
| | | | Address | | |
| | Miai | ni, FL 33157 | | | |
| | | ah Oail o | City/State and Zip Code | | <u> </u> |
| | Jazzio | upbyvy@gmail.com E-mail address: (| to be used for future annual | report notification) | |
| For f | urther information concernin | this matter, please ca | all: | | |
| Cori | ssa Nguyen | | | 5-0035 | |
| | Name of Person | | at () Area Code | Daytime Teleph | one Number |
| - 1 | osed is a check for the follow | ing amount: | | | |
| | | .00 Filing Fee & ertificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc | | 3 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL | tion porations | Registrati Division Clifton B 2661 Exe | F/COURIER AD ion Section of Corporations wilding ecutive Center Cir see, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1 | JAZZ IT UP BY | VY, LLC | | | |
|------------|---------------------------------|--|-------------------------------------|---------------------------------------|----------------------------------|
| | | Name of the Limited Liability Company (A Florida Limited Lia | as it now appear bility Company) | ars on our records.) | |
| | - | or this Limited Liability Company w | ere filed on _ | March 5, 2018 | and assigned |
| loi | ida document number L18 | , | | | |
| his | amendment is submitted | to amend the following: | | | |
| . i | f amending name, <u>enter</u> | the new name of the limited liabili | ty company h | <u>nere</u> : | |
| he i | ew name must be distinguishal | be and contain the words "Limited Liability | Company," the | designation "LLC" or the abb | previation "L.L.C." |
| : Ente | er new principal offices a | ddress, if applicable: | | | |
| | | ST BE A STREET ADDRESS) | | | |
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| nt | r new mailing address, i | ifapplicable: | | | |
| W. | ling address MAY BE A | <u>POST OFFICE BOX)</u> | | | |
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| ۱ ۱ | | ered agent and/or registered offic | re address o | n our records, enter i | the name of the ne |
| | | new registered office address here: | ic address o | n our records, enter | inc mance of the me |
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| | Name of New Regist | ered Agent: | | | |
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| | | 1 | | , Florida | A A A |
| il | | | City | r lortua | Zip (pdp |
| | Registered Agent's Signat | ture, if changing Registered Agent: | | | Zip Can FLORI |
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| | | nent as registered agent and agree | | | |
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| | | If Changi | ng Registered A | gent, Signature of New Reg | istered Agent |
| |)] \ | 1 | | | |

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> CORISSA NOUYEN 8821 SW 136TH STREET **■** Add #562014 ☐ Remove Miami, FL 33256 ☐ Change □ Add \square Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change ☐ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

Page 2 of 3

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| E. | (fan e | ctive date, if other than effective date is listed, the dat | must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 | 5.0207 (3)(b) |
| | | | is block does not meet the applicable statutory filing requirements, this date will not be lis be Department of State's records. | ted as the |
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| 1r (b) | in e re | ecord specifies a dela e 90th day after the | yed effective date, but not an effective time, at 12:01 a.m. on the earl record is filed. | ier or: |
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| | Dated | u | | |
| | | | Signature of a member of a withorized representative of a member | |
| | | | Corissa Nguyen | |
| | | | Typed or printed name of signee | |
| | | | Page 3 of 3 | |
| | | | Filing Fac: \$25.00 | |