

L19000 192 228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

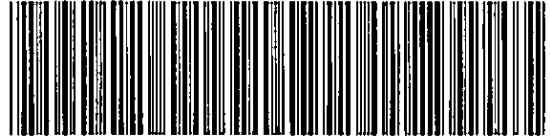
(Business Entity Name)

(Document Number)

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APR 17 2020

2020 APR 17 10:04:2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HALO RECORDS 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:

BLESSEND BELIZAIRE

Name of Person

Firm/Company

260 Dunad Ave Apt 34

Address

Opa-locka, FL 33054

City/State and Zip Code

jamzzonellc@gmail.com

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

For further information concerning this matter, please call:

BLESSEND BELIZAIRE

Name of Person

786
at ()

Area Code

7127267

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 Address:

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

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

HALO RECORDS LLC

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

2019 17 9:12

The Articles of Organization for this Limited Liability Company were filed on 07/26/2019 and assigned
Florida document number L19000192228.

This amendment is submitted to amend the following:

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

JAMZ ZONE LLC

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)

BLESSEND BELIZAIRE

260 Dunad Ave Apt 34

Opa-locka, FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

BLESSEND BELIZAIRE

260 Dunad Ave Apt 34

Opa-locka, FL 33054

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:

BLESSEND BELIZAIRE

New Registered Office Address:

260 Dunad Ave Apt 34

Enter Florida street address

Opa-locka

City

Florida 33054

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>
CEO	BLESSEND BELIZAIRE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		260 Dunad Ave Apt 34, Opa-locka, FL 33054	<input checked="" type="checkbox"/> Change
AMBR	DUCH BELIZAIRE	260 Dunad Ave Apt 34, Opa-locka, FL 33054	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARY HOMIDAS	PO BOX 451033 Sunrise, FL 33345	<input checked="" 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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 April 10, 2020 5:30 PM



Signature of a member or authorized representative of a member

Gary Homidas

Typed or printed name of signee

Filing Fee: \$25.00