

5/22/2021

**L20000208099**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000205542 3)))



H210002055423ABCV

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HADAS ACCOUNTING AND TAX SERVICES  
Account Number : I20170000018  
Phone : (305)222-2289  
Fax Number : (305)221-3810

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: hadastaxservices@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JAMINISTRYPRODUCTION LLC

Certificate of Status	0
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A. LUNT

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05/25/2021 10:37AM FAX  
850-817-6381

5/25/2021 10:04:52 AM PAGE 1/001 FAX SERVICE 0002/0006



May 25, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HADAS ACCOUNTING AND TAX SERVICES

SUBJECT: JAMINISTRYPRODUCTION LLC  
REF: W21000075645

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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) 245-6050.

Valerie Herring  
Regulatory Specialist III

FAX Aud. #: H21000205542  
Letter Number: 321A00011161

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JAMINISTRYPRODUCTION 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:

BLANCA L LACAYO

Name of Person

HADAS ACCOUTING & TAX SERVICES INC

Firm/Company

210 SW 107TH AVE

Address

MIAMI, FL 33174

City/State and Zip Code

hadastaxeservices@gmail.com

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

For further information concerning this matter, please call:

BLANCA L LACAYO

305 222-2289  
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 Address:**

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

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TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMINISTRYPRODUCTION 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 07/17/2020 and assigned  
Florida document number L20000208099.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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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	Jonathan Parra	4823 B Pacific View Terr #108, Lauderlake Lakes Fl 33309	<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
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			<input type="checkbox"/> Change

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

SEATTLE, WASH. (UPI) - A  
TALLAHASSEE, FLORIDA

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

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
If an effective date is listed, the date must be specific and must be prior to date of filing or more than 90 days prior to filing. Pursuant to 605.0207 (3)(b), these dates will not be listed on the

**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 20th day after the record is filed.

Dated

04/30/2021

Signature of a member or authorized representative of a member

Joshua Avaristo

Typed or printed name of signer