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(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	_
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	}
Certified Copies	Certificates	s of Status
Special Instructions to F	iting Officer:	





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COVER LETTER

то:	Registration Se Division of Cor			•,
cup u	JaMz Servi	ces LLC	•	
SUBJE	.cr:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jennifer Luce		
			Name of Person	·
		JaMz Services LLC		
			Firm/Company	
		1611 Thornapple Lane		
			Address	.
		Sanford Florida 32771		
			City/State and Zip Code	
		jluce707@hotmail.com	to be used for future annual report not	tication)
For fur	ther information co	oncerning this matter, please ca	•	
Jennife	er Luce		407 619-6797	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2.	5.00 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

JaMz Services LLC

11110 -0 1111111

(Name of the Limite	I Liability Company as it now appears on our records.) V Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L20000276783</u>	bility Company were filed on September 4, 2020 and assigned
This amendment is submitted to amend the follo	ving:
A. If amending name, enter the new name of	he limited liability company here:
The new name must be distinguishable and contain the we	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Kelley Diona Miller
New Registered Office Address:	30 26 Victoria Glen Dr Enter Florida street address
	Sant Florida 3773 City Zin 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>	Address (73) 02 -6 11110: 24	Type of Action
AMBR	Kelley Diona Miller	3026 Victoria Glen Drive	= Adđ
		Sanford. Fl. 32773	□ Remove
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<u> </u>	
ffective date, if other than the date of	f filing: (optional)
an effective date is listed, the date must be spec	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 as not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, b d is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 15	. 2020
.	
Jamles Ju	re of a member or authorized representative of a member

Filing Fee: \$25.00