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2/5/21

COVER LETTER

TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ohnson Valcourt Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 Investment Crown LLC
(Name of the Limited Liability Company as it now appears in our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	2020 and assigned
_		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	;
If amending name, enter the new name of the limited liability company here: If new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Iter new principal offices address, if applicable: Iter new mailing address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: Iter new mailing address, if applicable: Iter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent:		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	28
		20 08
		: C2
Enter new mailing address, if applicable:		. 9
(Mailing address MAY BE A POST OFFICE BOX)		AAT D
		<u>~</u> .
		ords, enter the name of the new registere
The second secon		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	17711	
	Citv	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	24 -
		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a bains fled to marely reflect a sharps in the registered	complete performance of my igent as provided for in Cha	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
being filed to merely reflect a change in the register company has been notified in writing of this change	_	confirm that the limited liability

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>	Name	Address	Type of Action
AMBR	Michaelle Valcourt	1010 NW 124 St	[] Add
		Miami, fr 33168	□Remove
			Change
			□ Add
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			2020 Add F Live
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fective date, i	f other than the date o	of filing:		(option	eal)
en effective date is	s listed, the date must be spe	cific and cannot be prio	r to date of filing or m	ore than 90 days after fil	ling.) Pursuant to 605.020
	inserted in this block doctive date on the Department			g requirements, this o	late will not be listed as
record specifies	a delayed effective date,	but not an effective	time, at 12:01 a.m. o	on the carlier of: (b)	The 90th day after the
is filed.					•
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	11	120			
	Signati	ure of a member or auth	orized exercises	of a member	