

~~NOV~~ DEC 13 AM 9:29
12/22/13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JASO Marketing Services 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:

Jason Abraham

Name of Person

JASO Marketing Services LLC

Firm/Company

382 NE 191st Street #68200

Address

Miami, Florida 33179

City/State and Zip Code

jasonabraham766@gmail.com

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

For further information concerning this matter, please call:

Jason Abraham

631

374-2406

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

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

JASO Marketing Services 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 February 23, 2021 and assigned
Florida document number L21000090300.

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 "L.L.C."

Enter new principal offices address, if applicable:

709 SW Saint Croix CV

(Principal office address MUST BE A STREET ADDRESS)

Port Saint Lucie, FL 34986

Enter new mailing address, if applicable:

709 SW Saint Croix CV

(Mailing address MAY BE A POST OFFICE BOX)

Port Saint Lucie, FL 34986

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:

382 NE 191st Street #68200

Enter Florida street address

Miami

Florida 33179

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STANDARD TIME
TALLAHASSEE FLORIDA

2021 DEC 13 AM 9:29

2021 DEC 13 AM 9:29
S-T-THIRD FLOOR
FALLAHS

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.

Dated December 6, 2021

Jason Abraham

Filing Fee: \$25.00