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COVER LETTER

TO: Registration Se Division of Cor			
	AZZY AN THINGZS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The colored Assistance	A day and for (-)		
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	MARY A. WESTER		
		Name of Person	
		Firm/Company	
	711 50TH STREET		
		Address	
	WEST PALM BEACH, F	L, 33407	
		City/State and Zip Code	
	Maryaellington@yahoo.cor		
For further information of	e-mail address: (to be used for future annual report not all:	incation)
MARY A. WESTER		561 293-9717	
Name o	f Person	Area Code Daytin	ne Teiephone Number
Enclosed is a check for t	he following amount:		
≘ \$25.00 Filing Fee	S30.00 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		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	ГL 34314	2413 IN. IVIONIC	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEE SO JAZZY AN THINGZS LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) uted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
lorida document number L21000144835	· ·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u>s</u> ,	
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of		
3. If amending the registered agent and/or registered of		
3. If amending the registered agent and/or registered of		
B. If amending the registered agent and/or registered off gent and/or the new registered office address here: Name of New Registered Agent:		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:		
	fice address on our records, enter the n	ame of the new regis

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	Type of Action
MGR	ELLINGTON E. NAKEGEO	711 50TH STREET, WEST PALM BEACH, FL	. 33407 □ Add
			= Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffact	ive date, if other than the date of filing:
an eff iote:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor I is fi	d 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 led.
ated	05/25/2021
	Ma aca constant
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00