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C. BRUMBLEY

JAZZY'S FASHIONS SFL L.L.C. SUBJECT: 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: VARIANCE KEI REYNOLDS Name of Person Firm/Company 3013 NW 2ND ST Address POMPANO BEACH, FLORIDA 33069 City/State and Zip Code kut\_kleanlawncare@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VARIANCE KEI REYNOLDS 779-1801 Daytime Telephone Number Name of Person 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 & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

## TO ARTICLES OF ORGANIZATION OF

JAZZY'S FASHIONS SFL L.L.C.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>		
The Articles of Organization for this Limited Liability Company were filed on 05/24/2021  Florida document number L21000242125				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" of	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	<del></del>	92		
Enter new mailing address, if applicable:	3013 NW 2ST	7 - NOV		
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL 33069	900		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registe		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flori	da		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is		
If Cha	anging Registered Agent, Signature of N	ew Registered Agent		

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REYNOLDS, VARIANCE KEI	3013 NW 2ST, POMPANO BEACH, FL 33069	🗆 Add
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Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [an effective 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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.  The record 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 dis filed.  Dated  NOVEMBER 5TH  2021  Signature of a member or affilhorized representative of a member  REYNOLDS, VARIANCE KEI			_
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