L21000365711

(Re	questor's Name)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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2022 JUL 22 PH 1:11

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of 7/22/2022

COVER LETTER

Division of Cor			
SUBJECT:	All Th	nat Jaz, llc	
3000 LC.1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Corrado Vaccaro	
		All That Jaz, llc	
		Firm/Company	
	3	1131 Ne 7th ave. Ur	nit 4301
		Miami, FL. 33137	
	Al	City/State and Zip Code llthatjazz.mia@gm	nail.com
	E-mail address' (to be used for future annual report noti	
	concerning this matter, please c		17
Corrado Vaccaro Name of Person		at (<u>860</u>) <u>982-59</u> Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C		Street Address: Registration Se	ection rporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



All That Jaz Ilc

2022 JUL 22 PH 1: 25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 8/16/21 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _ L21000365711 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ___ City 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.

N/A

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
	Jamesha R. Martin	2131 messina ave.	⊠∧dd
	Managed Member	Orlando FL 32811	🗆 Remove
			□Change
	Destenne Phillips	6136 scarlet leaf st	X Add
	Managed Member	las vegas NV 89148	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
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