

L21000365711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

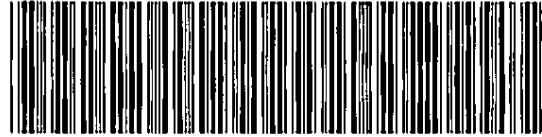
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP 16 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED 2022 SEP 16 AM 11:14

FILED



COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **All That Jaz, 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:

Corrado Vaccaro
Name of Person

All That Jaz, llc
Firm/Company

3131 Ne 7th ave. Unit 4301
Address

Miami, FL. 33137
City/State and Zip Code

Allthatjazz.mia@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corrado Vaccaro at (**860**) **982-5917**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

All That Jaz llc

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2022 SEP 16 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/16/21 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 "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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.

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>	<u>Address</u>	<u>Type of Action</u>
	TRAVIS REYNOLDS	2361 NW 60TH TER, SUNRISE ,FL.33313	<input checked="" type="checkbox"/> Add
	Managed Member		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	STANLEY IJEH	6818 STORCH ST	<input checked="" type="checkbox"/> Add
	Managed	LANHAM,MD.20706	
	Member		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	DEBORAH SMITH	8520 N.SHERMAN CIR.	<input checked="" type="checkbox"/> Add
	Managed Member	MIRAMAR, FL 33025	
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	ONDINIS ALMANZAR	4332 COLLINS AVE, UNIT 4040	<input type="checkbox"/> Add
	MANAGED MEMBER	MIAMI BEACH, FL. 33140	
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	destenne phillips	6136 scarlet leaf st. las vegas nv 89148	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 07/29/2022

 Created by PDF Element
 21-22-2021

C. Vaccaro

Signature of a member or authorized representative of a member

Corrado Vaccaro

Typed or printed name of signee