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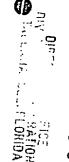
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2023 HAR 24 PM 3: 03

3/24/2023

COVER LETTER

FO: Registration Se Division of Cor			
· ,	All Th	at Jaz, llc	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	endence concerning this matter t	to the following:	
		Corrado Vaccaro	
		Name of Person	
		All That Jaz, llc	
		Firm/Company	
	3	131 Ne 7th ave. Un	it 4301
		Address	
	i	Miami, FL. 33137	
		City/State and Zip Code	
		lthatjazz. mia@gn	
		to be used for future annual report notal	ncation)
For further information of	concerning this matter, please ca	all:	
Corrado Vaccaro		at (86 <u>0)</u> 982-59	17
Name o	of Person	Area Code Daytim	e 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		Street Address:	-ti
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 63	27	The Centre of T	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



All That Jaz llc	2023 MAR 24 PM 4: 23
(Name of the Limited Liability C	Company as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability Com-	9/16/21
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
N/A	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited	1 Liability Company, the designation (EEC of the accompany)
Enter new principal offices address, if applicable:	_N/A
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	, Florida Zıp 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>	Type of Action
ALADD	RAYALA,DEANNA LEAH	6 ORIOLE CT	~
	Managed Member	AMERICAN CYN, CA 95403	V =-
	-		X Remove
			□Change
	EDWARDS, GREGORY	37.11TH ST	=_^Add
	Managed Member	LOWELL, MA 01850	
	C		— Remove
			□ Change
	Ondinis Almanzar	4332 collins ave miami ————Beach 33140	X Add
	Managed Member		□Remove
			Change
	Datiniste Peterson	1403 nw 11st belleglade fl 33430	X _{Add}
	MANAGED MEMBER		} .emove
	Marquis Jenkins	18442 pinehurst st detroit MI	Change 48221
	MANGED MEMBER		X IAdd
			_ Remove
			□ Change
			⊡Add
			Remove
			□ Change

Page 2 of 3

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Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1/20/2023 T/20/2023
	Signature of a member or authorized representative of a member
	signatore of a member of auditorized representative of a member

Page 3 of 3

Filing Fee: \$25.00