121000489844

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer;	
Q. SIL	AS	
JUN 3	1.0 6 4	

Office Use Only



300385495533

04/15/22--01010--027 **30.00

SECRETARY OF STAT

COVER LETTER

SUBJECT: JMS N	1 All Dispute	n Services LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jason Nav	Name of Person	
	JIMSM AIL	Dispatch Services	LLC
		8 St AP+ 303 Address	
		City/State and Zip Code	
		Janco, com to be used for future annual report notifi	
For further information con	cerning this matter, please ca	all:	
Jason Marc of F	Cerson	at (<u>786</u>) <u>468 – 6</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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 ILED OF

JMSM AII Disported Services LLC SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears of the Limited Liability Company)

(A Florida Limited Liability Company)

	(111011da dilinca diao	my company,		~
The Articles of Organization for this Limited Li Florida document number <u>L21000489</u>		re filed on $11/15/a$	2021	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
Moon Sea Cleative designment of the new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <u>BOX)</u> _			
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:			
Name of New Registered Agent:	Maylen	GanzaleZ.		
New Registered Office Address:				
		Enter Florida street a		
		City	_, Florida	Zip Code
New Registered Agent's Signature, if changing F	Degistared Agents	Cirj		εφ σου
New Registered Agent's Signature, it changing P				_

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
Mbiz	Jasan Naba	11750 SW 18St ADL 30	□Add
		Miami Fl 33175	Premove
			□Change
MGR	Maylen Ganzalez	11750 SW 1857 AD1 303	}_ I⊒Add
		Miami F1 33175	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

anne.	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
_	
an effo <u>fote:</u>	ve date, if other than the date of filing: 3/9/2023 (optional) etive 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.
is file	
ated _	3/09/2022
	Signature of a member or authorized representative of a member Jasan Nava Typed or printed name of signee
	Jason Navoa
	Typed or printed name of signee

Filing Fee: \$25.00