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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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FILED
2022 JAN -3 AM 9: 12
SECRETARY OF STATE

COVER LETTER

TO:

·
Liability Company
ed for filing.
e following:
Name of Person
Firm/Company
Address
ity/State and Zip Code
used for future annual report notification)
239 936-8338
at ()
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i .

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN -3 AM 9: 12

JAZS PROPERTIES, LLC

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

	y were filed on Decem	ber 20,2021 and assigned
<u>.</u>		
owing:		
the limited lia	bility company here:	
ords "Limited Liab	oility Company," the design	nation "LLC" or the abbreviation "LLC"
able:	N/A	
T ADDRESS)	-	
	N/A	
<u>BOX)</u>		
s here:	address on our recor	ds, enter the name of the new registered
IN/A		
 	Enter Florida s	treet address
		, Florida
	City	Zip Code
	owing: The limited lia ords "Limited Liab able: T ADDRESS) BOX)	the limited liability company here: ords "Limited Liability Company." the designable: N/A N/A N/A Sox) egistered office address on our recors here: N/A Enter Florida s

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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
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Tective date, if other than the date of filing: December 20,2021 (optional)		
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Filing Fee: \$25.00