LAACCC ICH 643

(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #)	
PICK-UP	T WAIT	MAIL
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(Docun	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	

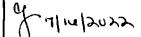
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jazmin United Services 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:
Nubici Arctet Name of Person
Jazmin United Services LLC.
1000 East Atlantic Boulevard
Pompano Beach, Florida 33060 City/State and Zin Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nubia Angee at: 754 · 213-3167 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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



The Articles of Organization for this Limited Liability Company were filed on February 25, 2022and assigned Florida document number 1220001 04623 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ___

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
MGR	Jazmin Julicina Tobar	4220 NW 121h AVE	⊠Add
		Oculano Paru, Florida	□Remove
		33309	□Change
			□Add
		□Remove	
		□Change	
		⊃Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□ Change	
		□Remove	
			□Change

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff Note:	ve date, if other than the date of filing:
recond is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated .	Nay 9, 2022 Mubics Angel Signature of a member or authorized representative of a member
	\mathcal{J}
	Typed or printed name of signee