h22000404693

(Requestor	's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
C	
(Document	t Number)
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2022 OCT 11 PM 4: 11:

TQ:

PHY\$ICAL: Dept. of State

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.Q. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

1450 Vassar Street Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, September 30, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment to Articles of (Organization or Incorporation)
For (TAZZMAINA PARTY SERVICES, LLC

We have included payment in the amount of (\$25:00) for the following fees:

• Amendment—

We have included one original

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of (Organization or Incorporation) to the address below:

Processing Department 1450 Vassar Street Reno NV 89502

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJ	ect: Tazzma	INA PARTY SERVICE	SHC	
			nted Liability Company	
The er	nclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please	retorn all correspo	ondence concerning this matter	to the following:	:
		Corpor	rate Maintenance Le	ad
		-	Name of Person	
		Proc	essing Department	
			Firm/Company	
			1450 Vassar St	
			Address	·
			_	
			Reno, NV 89502	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication)
For fur	ther information co	oncerning this matter, please c	all:	
	Droops	ing Dayartanant		
	Name of	ing Department	at (800) 638-2320 Dayting	e Telephone Number
			mea e cae Oayimk	reteptante Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2.	5.00 Filing Fec	□ \$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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 52314	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IAZZMAINA PAR	RTY SERVICES, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa. Florida document number L22000404693	ny were filed on 09/16/2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and equitain the words "Limited Lie	bility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address if applicable:	15800 Pines Blvd Suite #300	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines FL 33027	
Enter new mailing address, if applicable:	15800 Pines Blvd Suite #300	
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines FL 33027	
registered agent and/or the new registered office address his	ere:	
New Registered Office Address:	F . Fl . I	
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is ce address, I hereby confirm that the limited liability	
If Ct	angling Registered Agent, Signature of New Registered Agent	

Page 1 of 3

	g Authorized Person(s) authoriz from our records:	ed to manage, enter the title, name, and address of	each person being added
MGR = N	1		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rochelle Russell	15800 Pines Blvd Suite #300	
		Pembroke Pines FL 33027	☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change

D. If amending any other information	n enter change(s) here: (Attach additional sheets, if necessary.)
	
E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the
if the record specifies a delayed end (b) The 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.
Dated 09 - 30 - 2) <u>22</u> ,
RE	helle Russell
, , , , , , , , , , , , , , , , , , ,	nature of a member or authorized representative of a member
	Rochelle Russell
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00