

**L23000323011**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**JAAAH MEDIA SERVICES LLC**

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS

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K. SALY

AUG 26 2024

FILED  
2024 AUG 23 AM 2:51  
TALLAHASSEE, FLORIDA

**COVER LETTER****TO: Registration Section  
Division of Corporations****H24000283846****SUBJECT: JAAAH MEDIA 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:

Timothy Shields  
\_\_\_\_\_  
Name of PersonKelley Kronenberg  
\_\_\_\_\_  
Firm/Company10360 W SR 84  
\_\_\_\_\_  
AddressFt. Lauderdale, FL 33324  
\_\_\_\_\_  
City/State and Zip Codetshields@kelleykronenberg.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Shields 954 370-9970  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**H24000283846**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2024 AUG 23 AM 2:57  
TALLAHASSEE, FLORIDA  
H24000283846

JAAAH MEDIA SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/07/2023 and assigned  
Florida document number 1.23000323011.

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 "L.L.C."

Enter new principal offices address, if applicable:

8088 South Orange Blossom Trail #1088

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32809

Enter new mailing address, if applicable:

8088 South Orange Blossom Trail #1088

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32809

**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:

Timothy Shields

New Registered Office Address:

10360 West State Road 84

*Enter Florida street address*

Ft. LauderdaleFlorida 33324

*City*

*Zip 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.*

  
If Changing Registered Agent, Signature of New Registered Agent

H24000283846

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

H24000283846

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOINSON, JEFFREY A	8088 South Orange Blossom Trail #1088	<input type="checkbox"/> Add
		Orlando, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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Dated August 22, 2024

Jeffrey Johnson

Signature of a member or authorized representative of a member

Jeffrey Johnson

Typed or printed name of signee