

To:

Page: 1 of 5

2024-12-19 12:52:29 UTC+14

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From: ZenBusiness User

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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From:

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Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JAM IN FAITH LLC

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DEC 20 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAM in Faith 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:

Allison Monzon

Name of Person

ZenBusiness INC

Firm Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC

844 493-6249

at () Daytime Telephone Number
Name of Person Area Code

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$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)

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**

JAM in Faith 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 2024-07-03 and assigned
Florida document number 124000299646

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Arroyo Premier Services LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3050 DYER BLVD #186 Kissimmee, FL 34741

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

_____, Florida _____
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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sasha L. Valdez	2950 San Juan Circle, Apt 429	☐ Add
		Kissimmee, FL 34746	☒ Remove
			☐ Change
AMBR	Jayden A. Medina	2950 San Juan Circle, Apt 429	☐ Add
		Kissimmee, FL 34746	☒ Remove
			☐ Change
AMBR	Raymond W Arroyo Jr	2043 Cypress Bay Blvd	☐ Add
		Kissimmee, Florida 34743	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

