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2024 DEC 17 To: Division of Corporations Fax Number : (850)617-6383 PH 2: From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011 02 Phone : (844)386-0178 26 Fax Number : (323)372-3532 ö AH Finter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:_ 174

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAFFRE'S DIGITAL MEDIA SOLUTIONS LLC

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13236068205

COVER LETTER

ro:	Registration Section
	Division of Corporations

JAFFRE'S DIGITAL MEDIA SOLUTIONS LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tilling.

Please return all correspondence concerning this matter to the following:

Mike Town

Name of Person

Legalzoom.com, Inc.

Firm Company

6000 Spectrum Dr

Address

Austin, TX 78717

City/State and Zip Code

hawkinsjeffreye@gmail.com

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

For further information concerning this matter, please call:

Mike Town	800	773-0888
Name of Person	_ al () _ Area Code	Davtime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 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 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

• Pager 19 of 46	2024-12-16 15:19.21	PST 132	36068205	From: Rajiv Srivastave			
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JAFFRE'S DIGITAL MI	DIA SOLUTIONS LLC		TALLAHASSA				
(<u>Name o</u>	f the Limited Liability Comp: (A Florida Limited	uny as it now appears on ou Liability Company)	r records.)	LED 7 PM 2: 02 E.FLORIDY			
The Articles of Organization for this I Florida document number <u>1.24000468</u>		were filed on $\frac{11705/20}{2}$					
This amendment is submitted to amen	d the following:						
A. If amending name, <u>enter the ney</u>	y name of the limited liab	ility company here:					
The new name must be distinguishable and co	ontain the words "Limited Liabi	hty Company," the designati	on "LLC" or the abbreviation '	"U.L.C."			
Enter new principal offices address.	if applicable:	382 NE 1918t St. #497	059				
(Principal office address MUST BE .	•••	Miami, FL 33179					
Enter new mailing address, if applic	vable:	382 NE 19181 St. #497	059				
(Mailing address MAY BE A POST (Miami, FL 33179					
B. If amending the registered ag registered agent and/or the new reg Name of New Registered Ag	istered office address her		records. <u>enter the nam</u>	e of the new			
Name of New Registered Ag	<u></u>						

New Registered Office Address:

Tor

Enter Florida street address

_____, Florida ______ Cay _____Zap 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

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2024-12-16 15 19 21 PST

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From Rajiv Srivastava

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

•

Title	Name Influence in American	Address	Type of Action
AMBR	JEFFREY E HAWKINS		🗆 Add
			🗆 Remove
		382 NE 191st St. #497059 Miami, FL 33179	Change
			D Add
			🗇 Remove
			The second secon
			TALLANASSIC FLORINGE
			Dightange 2
			🗆 Remove
			🖸 Change
		<u>. </u>	🖸 Add
			🗌 Remove
			Change
<u></u>			🖸 Add
			🗖 Remove
			Change

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

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If the record 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 record is filed.

Dated ______.

/S/ Jeffrey Eimal Hawkins

Signature of a member or authorized representative of a member

Jeffrey Eimal Hawkins

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00