

L14000096524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

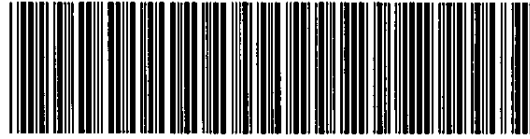
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263382878

800263382878
08/25/14--01012--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 25 AM 11:53

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMATK, 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:

Todd Weicholz, MGR

Name of Person

JMATK, LLC

Firm/Company

6111 Broken Sound Pkwy NW #330

Address

Boca Raton, FL 33487

City/State and Zip Code

weicholz@laingweicholz.com

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

For further information concerning this matter, please call:

Todd Weicholz, MGR

Name of Person

at **(561) 416-1818**

Area Code

Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 AUG 25 AM 11: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JMATK, 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 June 16, 2014 and assigned Florida document number L14000096524.

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 end with 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)

6111 Broken Sound Parkway NW
Suite 330
Boca Raton, Florida 33487

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6111 Broken Sound Parkway NW
Suite 330
Boca Raton, Florida 33487

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: Laing & Weicholz
New Registered Office Address: 6111 Broken Sound Parkway NW, Suite 330
Enter Florida street address
Boca Raton, Florida 33487
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kimberly Weicholz	6111 Broken Sound Parkway NW	<input checked="" type="checkbox"/> Add
		Suite 330	<input type="checkbox"/> Remove
		Boca Raton, Florida 33487	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 21, 2014



Signature of a member or authorized representative of a member

Todd Weicholz, MGR

Typed or printed name of signee

FILED
2014 AUG 25 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA