

L15 000063577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

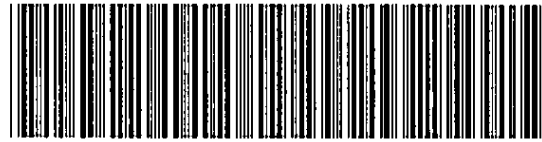
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PAID
2021 MAY 14 PM 3:07
MAY 14 2021

D. BRUCE
JUN 28 2021



ROJAS & OLIVA, P.A.
15800 Pines Blvd Suite 206
Pembroke Pines, FL 33027
Phone: 305-373-6868
Fax: 305-373-6768

MAY 11, 2021

REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: L15000063577
JKG LLC REINSTATEMENT AND ARTICLES OF AMENDMENT

DEAR MADAME/SIR,

ENCLOSED PLEASE FIND A REQUEST FOR REINSTATEMENT OF JKG LLC ALONG WITH ARTICLES OF AMENDMENT CHANGING THE ORIGINAL NAME AS A RESULT OF THE ORIGINAL NAME NO LONGER BEING AVAILABLE.

ALSO ENCLOSED FIND TWO CHECKS, ONE FOR THE REINSTATEMENT IN THE AMOUNT OF \$793.95 REPRESENTING \$138.75 FOR FIVE YEARS AS WELL AS THE \$100 REINSTATEMENT FEE. ADDITIONALLY FIND A CHECK IN THE AMOUNT OF \$30 FOR THE AMENDMENT OF ARTICLES AND CERTIFICATE OF GOOD STANDING.

PLEASE SEND CORRESPONDENCE TO THE UNDERSIGNED AT:

ROBERTO ROJAS
PO BOX 3235
WINDERMERE, FL 34786

THANK YOU IN ADVANCE,

SINCERELY,

ROBERTO ROJAS
/RR

ENCLOSURES

RECEIVED
MAY 11 2021
10:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JKG 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:

ROBERTO ROJAS
Name of Person
ROJAS & OLIVA, P.A.
Firm/Company
PO BOX 3235
Address
WINDERMERE, FL 34786
City/State and Zip Code
ROJAS@ROJASOLIVA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO ROJAS at (305) 343-8725
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAY 14 PM 3:07
TALLAHASSEE
DIVISION OF CORPORATIONS

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

JKG 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 04/10/15 and assigned Florida document number L15000063577.

This amendment is submitted to amend the following:

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

JKG FL 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:

8815 CONROY WINDERMERE RD. #387

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835

Enter new mailing address, if applicable:

8815 CONROY WINDERMERE RD. #387

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32835

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:

ROBERTO ROJAS

New Registered Office Address:

15800 PINES BLVD. SUITE 206

Enter Florida street address

PEMBROKE PINES

Florida 33027

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GEORGINA TILLET	12386 STATE ROAD 535 #148	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2011 JUN 14 11:30:07
FBI

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

2021 FEB 14 PM 3:07
FEB 14 2021
TILLET
JUL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 05/11/2021

J. Tillet

Signature of a member or authorized representative of a member

JAMIE TILLET

Typed or printed name of signee