

LO7000093487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

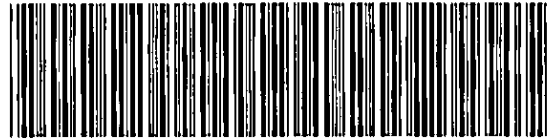
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL 11 AM 7:59

n BRUCE
JUL 20 2018



J.Lodge LLC
9530 Marketplace Rd. #105
Fort Myers, FL 33912
(888) 354-5050 | jlodge.com
mike.schrider@jlodge.com

July 4, 2018

Florida Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find attached the documents required to:

- Change the name of my company from J.Lodge eServices, LLC to MFKKS, LLC.
- Change the company address:
 - FROM 9530 Marketplace Road, Suite 105, Fort Myers, FL 33912
 - TO 15156 Fiddlesticks Blvd, Fort Myers, FL 33912

I have also enclosed the filing fee for \$60.00 to cover Certificate of Status & Certified Copy.

If you have any questions of there is any problem please contact me at 239-220-3245.

Sincerely,

Michael F. Schrider
CEO

18 JUL 11 AM 7:39

LLC Meeting Minutes
J.Lodge eServices, LLC
9530 Marketplace Road
Suite 105
Fort Myers, FL 33912

July 4, 2018

Persons Present:
Michael F. Schrider
Kolleen Schrider

12:00 PM - Meeting Opened

The purpose of this meeting is to:

1. Change the name of the company from J.Lodge eServices, LLC to MFKKS, LLC effective immediately.
2. Change the the official address from:
 - a. 9530 Marketplace Road, Suite 105, Fort Myers, FL 33912
 - to
 - b. 15156 Fiddlesticks Blvd, Fort Myers, FL 33912

Both parties voted affirmative.

12:15 PM - Meeting Adjourned.



Michael F. Schrider



Kolleen Schrider

18 JUL 11 AM 7:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. LODGE eSERVICES, 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:

MICHAEL F. SCHRIDER
Name of Person

MFKKS, LLC.
Firm/Company

15156 FIDDLESTICKS BLVD
Address

FORT MYERS, FL, 33912
City/State and Zip Code

~~ME~~ SCHRIDER, MIKE@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE SCHRIDER at (239) 220-3245
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

18 JUL 11 AM 7:59

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

J. LODGE ESERVICES, 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 July 26, 2017 and assigned Florida document number LO7000093487.

This amendment is submitted to amend the following:

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

MFKKS, L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15156 FIDDLESTICKS BLVD.

FORT MYERS, FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15156 FIDDLESTICKS BLVD

FORT MYERS, FL 33912

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

18 JUL 11 AM 7:35

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 JULY 4 2018



Signature of a member or authorized representative of a member

MICHAEL F. SCHRIDER

Typed or printed name of signee