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Office Use Only



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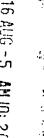




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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	MANKETKINA Name of Limit	JS LLC	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Manks 801 LE LEhrs	Name of Person Firm/Company Address Acity/State and Zip Code To be used for future annual report notification.	BUM NESS
For further information of	one with this matter, please ca	all:	
Nume o	nas Earto	at (<u>786)</u> <u>222</u> Are:, Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida

y 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 Type of Action Title <u>Name</u> <u>Address</u> ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change ☐Remove J □ Add

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Page 3 of 3

Filing Fee: \$25.00