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SECRETARY OF PLORIDITALLAHASSEE, FLORIDI

JUL 2 5 2016 S. YOUNG

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

JK 441 EN SUBJECT:	TERPRISES LLC			
SUBJECT:	Name of Lim	ited Liability Company	A STATE OF THE STA	2016 JUL
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	<u>0</u>	
Please return all correspo	ndence concerning this matter	to the following:	E. THORIDA	PM 2:
	KASSIM E NURUDDIN		<u> </u>	. 01
		Name of Person		
	JK 441 ENTERPRISES LI	LC	•	
		Firm/Company	<del></del>	·i.
	12161 SHERIDAN STREE	ET		TE JUL 25 PH 4: 28
		Address		E HA
	COOPER CITY FL 33026			25 F
		City/State and Zip Code		<b>E</b> 7
	abe3313@aol.com			4; <b>2</b>
For further information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report not	fication)	<b>~</b>
KASSIM E NURUDDIN	_	954 854 6054		
Name o	f Person		e 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 Fe Certificate of St Certified Copy (additional copy is	tatus &
	ING ADDRESS:	STREET/COURI		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JK 441 ENTERPRISES LLC		
(Name of the Limited I (A l	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on 01/30/2012	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	1
(Principal office address MUST BE A STREET A	DDRESS)	<b>5</b> PEC
		JE AR
		ARY ASSI
Enter new mailing address, if applicable:		<b>~</b> 변호분
(Mailing address MAY BE A POST OFFICE BO.	<i>X</i> )	# F.S.
		2
		<b>∞</b> <del>&gt;</del> · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flori	
	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>	Name	<u>Address</u>	Type of Action
MGRM	TEJA YASMIN		
		9587 WELDON CR, TAMARAC,	■ Remove
			Change
AMBR	NOOR MOHAMED KASAM	3231 HOLIDAY SPRINGS BLVD.	
			□ Remove
			SECRETARY TALLAHASSE JUL45
			Perflore STATE  Reflore LORIDA  Charge
		<del>,,</del>	🖸 Add
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			□ Remove
			Change
			🗖 Add
		<del></del>	Remove
			☐ Change

If amending any of	her information, enter change(s) here: (Attach add	litional sheets, if necessary.)
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If an effective date is list Note: If the date inso	ther than the date of filing:  ed, the date must be specific and cannot be prior to date of filing or the date in this block does not meet the applicable statutory fidate on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 ( filing requirements, this date will not be listed as the
he record specifie The 90th day a	es a delayed effective date, but not an effective fter the record is filed.	ve time, at 12:01 a.m. on the earlier of:
Dated	Signature of a member or authorized represents	stive of a member
VACONA	/	
NASSIM	E NURUDDIN  Typed or printed name of signe	<del>*</del>

Page 3 of 3

Filing Fee: \$25.00