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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
CIUDIEZ	JDK Techno	ology Solutions, LLC		
SUBJEC		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
r icase re	an correspo	Kit Kuss	to the following.	
			Name of Person	
		- 	Firm/Company	
		1031 Christy Dr.	Address	
		Niceville, FL 32578		
		kitkuss@gmail.com	City/State and Zip Code	
For furth	er information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif	ication)
Chantel	Lofthouse		at () Area Code Daytime	-
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
≘ \$ 25.0	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:

TO:

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

ZOITNOY 20 PM 1: 13

TALLAHASSEE, FLORIDA

JDK Technology Solutions, 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 Com	npany were filed on $\frac{9/12/13}{}$	and assigned
Florida document number L13000129156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRES	<u>(88)</u>	<u> </u>
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register	red office address on our	r records, enter the name of the new
registered agent and/or the new registered office address		<u></u>
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida si	reet address
		. Florida Zip Code
No. Designation of August States and States	-	Zip Code
New Registered Agent's Signature, if changing Registered A	<u> Xgent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my out as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is
ī	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

Title	Name	Address	Type of Action
MGR	Kit Kuss	1031 Christy Dr.	□ Add
		Niceville, FL 32578	□ Remove
			Change
MGR	Tehillah Management, LLC	1231 W. Northern Lights Blvd. #911	≅ Add
		Anchorage, AK 99503	Remove
			Change
			Add Add ACCOUNT TO LET TO LE
			20 Change
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			□ Remove
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ective	e date, if other than the date of filing: November 16, 2017 (optional) ive 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 605,020
effecti <u>e:</u> If	ive 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 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	t's effective date on the Department of State's records.
racou	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	Oth day after the record is filed.
	Af . 1
ed	November 16 2017
	α
	0/1/8/m
	Signature of a inferior or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00