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(Re	equestor's Name)	
(Ad	dress)	
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(Cil	ry/State/Zip/Phone	: #)
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SECKETARY OF STATE

MO TELLO

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJ	ECT:	JERK MACHINE (Name of Limi	@ PLANTATION, LLC ted Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please	return all correspon	ndence concerning this matter t	to the following:		
		HCT CERTIFIED PU	BLIC ACCOUNTANTS & CON Name of Person	ISULTANTS	
			Firm/Company		
		3816_HC	OLLYWOOD BLVD., SUITE 203 Address	3	
		HOL	YWOOD, FLORIDA 33021 City/State and Zip Code		
For fu	uther information c	jerk E-mail address: (1 oncerning this matter, please ca	machine 100@gmail.com to be used for future annual report notific	SECRETARY TALLAHASSE	
		CK HARVEY f Person		Telephone Number	
Enclo	sed is a check for the	he following amount:		5 S S S S S S S S S S S S S S S S S S S	
53 S	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

JERK MACHINE	@ PLANTATION, LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on10/23/2013 and assigned
Florida document number <u>L13000149636</u>	÷
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	AS 28
	P2 C
	ered office address on our records, enter the name of the ne
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	70 A C
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
MGR	C. J. A. MALCOLM	Post Office Box 14035	□ Add
		Fort Lauderdale, Florida 333	<u>02_</u> ⊠ Remove
MGR	TREMAYNE L. DAVIS	611 Northwest 39th Avenue	™ Add
		Lauderhill, Florida 33311	Remove
		ALLAHASSEE, FLORIDA	2015 Add Remove
			Add
			☐ Remove
			Add
			Remove

	te, if other than the date of filing: (optional) te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
he date this o	
he date this o	cument is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA