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(Red	uestor's Name)	
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COVER LETTER

TO:

ΓΟ: Registration Se Division of Cor			J
	JOKK L	(f.,	f
SUBJECT:	_	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julio	C. Orth 2 &	
		Firm/Company	٧
	<u>5144</u>	alm Way	
		North, FL 3340 City/State and Zip Code	
	Cortiz E-mail address: ()	a dema a grail. Co be used for future durual report not	nication)
For further information c	oncerning this matter, please ca	all:	4
Julio (1. OA12	at (<u>561</u>) <u>542</u> . Area Code Daytir	-4627
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
≥ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	=	Division of Co The Centre of	
Tallahassee,		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOKK LLC.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400020407</u> .		2/5/2014	_ and assigned
This amendment is submitted to amend the following:			:
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	2020
			=======================================
			7 26
Enter new mailing address, if applicable:		<u>.</u> .	THE TOTAL PROPERTY OF THE PROP
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		cords, <u>enter the name (</u>	or the new registered
New Registered Office Address:	Futor Flav	ida street address	
	paret 1 km		
	Circ	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		f
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in (my duties, and I am fai Thapter 605, F.S. Or, if	iiliar with and this document is
If Chan	ging Registered Ag	ent, Signature of New Regist	ered Agent

Tamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRB	ORTIZ, JULIO C.	5144 falm Way	□Add
		Lake WEAH, FI 3346.3	XiRemove
			□Change
MRG MRG	JULIO C. ORTIZ, DPM, PA.	1521 Forest Hall Blud, Ste 106	X Add
		wet Palm Beach, FZ 33406	□Remove
			□Change
			; □Add
			□Remove
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Note: If the date	f other than the s listed, the date must inserted in this blottive date on the De	ick does not me	et the applicat	date of filing or mole statutory filin	ore than 90 days a g requirements.	otional) fter filing.) Pursuant to 605.6 this date will not be listed	1207 d as
record specifies d is filed.	a delayed effective	e date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier of	(b) The 90th day after	the
· · · · · · · · · · · · · · · · · · ·	rch 23		2020_	-			
Dated							
Dated	sul	Signature of a me	ember or author	zed representative	of a member	· ·	