L14000022588

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COVER LETTER

10: Registration 86 Division of Cor				
	on of Fine Homes, but I want to change the	name to Jan Stephanie Kokernot LLC		
SUBJECT:				
· · · · · · · · · · · · · · · · · · ·	Name of Lim	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:		
	Jan Kokernot			
		Name of Person	, <u> </u>	
	Smith & Associates Real F	Estate		
		Firm/Company		
	105 4th Ave NE #502			,
		Address		
	St. Petersburg, FL 33701			
		City/State and Zip Code		
	JanKokernot@gmail.com			ī
.		to be used for future annual report noti	fication)	-
For further information c Jan Kokernot	concerning this matter, please ca	att: 727 460-2956		
Jul Rokellor		at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address		Street Address:	otiza	
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	-	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The JK Collection of Fine Homes LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L14000022888 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jan Stephanie Kokernot LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 105 4th Ave NE #502 Enter new principal offices address, if applicable: St. Petersburg, FL 33701 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□AbA□
			□Remove
			□Change
		-	□Add
			□Remove
			□Change

		
		
		
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Telegration data if a	other than the date of filing: (optional)	
If an effective date is lis Note: If the date ins	isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 iserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records.)207 (d as t
erecord specifies a d rd is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
10 May		
Dated		
Dated	land stephensen to a remained	
Dated	Signature of a member or authorized representative of a member	