L14000143633

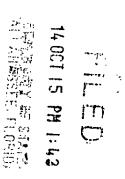
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Cor			, '
SUBJE	ربر Jikki's	s clam Ranch	LLC	
SCHOL	C1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Niulka Pinei	ro	
			Name of Person	
		Jikki's Clam	Ranch LLC	
			Firm/Company	
		1838 Pointe	West Way	
			Address	
		Vero Beach	, FL 32966	
			City/State and Zip Code	
		jikkisclamranch@	notmail.com to be used for future annual report r	notification)
For furt	her information co	oncerning this matter, please ca	•	
Niu	lka Pine	iro	_{at} 307, 251-	9487
	Name of	Person	Area Code Day	time Telephone Number
Enclose	d is a check for the	e 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 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

Jikki's Clam Ranch LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L14000143633</u>	September 15, 2014 ar	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
The new name must be distinguishable and end with the words "Limited Liability Company,"	the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	مين جير	<u>_</u>
(Principal office address MUST BE A STREET ADDRESS)		3 7
		les respect
	الله الله الله الله الله الله الله الله	
Enter new mailing address, if applicable:	7	- R
(Mailing address MAY BE A POST OFFICE BOX)	O. P.	
		<u>့</u> မေ
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the na	ame of the r
Name of New Registered Agent:		
New Registered Office Address:	27 1 1 1 1	
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 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
AMBR = Authorized Member

Title Name Address Type of Action

AMBR Jerrell Shawn Geisler 1838 Pointe West Way

Vero Beach FL 32966

AMBR	Jerrell Snawn Geisler	1838 Pointe West Way	🖪 Add
		Vero Beach FL 32966	□ Remove
			🗆 Add
			□ Remove
			Add
			Remove
			_
			_□ Add
			_□ Remove
			_□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			S I
			Add. C

D. It amending any other information, e Manager Niulka Pine	eiro own 50% of Jikki's	
Authorize Member Jerrell	Shawn Geisler own 50% of .	Jikk's Clam Ranch LLC
EIN for Jikki's Clam	Ranch: 47-1944742	
E. Effective date, if other than the date of (The effective date must be specific, cannot be prothed date this document is filed by the Florida December 1.		(optional) to be more than 90 days after
Dated October 14	, <mark>2014</mark>	
Jules P.	ure of a member or authorized representative	ge of a member
Niulka Pineiro	are of a memory of additional representative	or a monitor
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

