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K. SAIY OCT -2 2018

COVER LETTER

	Registration Se Division of Cor			
SUBJEC"	JEM Kenda	III. LEC		
50 5 31.	'	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		K. Lawrence Gragg		
			Name of Person	
			Firm/Company	
		714 Calatrava Avenue		
		Coral Gables, FL 33143		
		larry@wdigitech.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
K. Lawre	nce Gragg		305 665-7386 at () Area Code Daytime	: Telephone Number
	Name of	Person	Area Code - Daytime	: Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00	0 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



JEM Kendall, 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	Company were filed on September	r 22, 2014 and assigned
Florida document number		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Mismack, LLC		
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	a address
<u> </u>		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records:		n person being added			
MGR = Manager AMBR = Authorized Member		Address Add			
<u>Title</u>	<u>Name</u>	Address	SEGNE, SE STATE TALLAHASSEE, FLORIDA	Type of Action	
		<u> </u>	TOMIUA		
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	——————————————————————————————————————
Effec If an c	October: 1 2018 (optional) flective 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 605.0207
Note	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docu	ment's effective date on the Department of State's records.
ho re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
Dated	1 9/24 . 20/8.
	A. Elaver Hey
	Signature of a member or anthonized representative of a member

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Filing Fee: \$25.00