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SECRETARY OF STATE

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COVER LETTER

Div	ision of Corp	orations		
SURIFCT:	JL UNITEC			
			ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		PAUL FRANSON		
			Name of Person	
		LEDGERPLUS		
Firm/Company				
150 SOUTH UNIVERSITY DRIVE SUITE C				
			Address	
		PLANTATION, FLORIDA	A 33324	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ration)
For further in	nformation co	ncerning this matter, please ca	all:	
PAUL FRA	NSON		954 472-9144	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	theck for the	following amount:		
\$25.00 F	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:

TO:

Registration Section

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

JL UNITECH LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L14000160201</u>	Company were filed on OCTOBER 14, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		R SE
(Principal office address MUST BE A STREET ADD	ORESS)	UG FOR
		- 9
Enter new mailing address, if applicable:		ST ORA
(Mailing address MAY BE A POST OFFICE BOX)		Se Contraction
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		he name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7: 6 1
	Cuy	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JISUK HAN	15434 NW 77TH CT	
		MIAMI LAKES, FL 33016	■ Remove
			Change
AMBR	HO KYUN OM	15434 NW 77TH CT	
		MIAMI LAKES, FL 33016	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the app	licable statutory fi	(opt r more than 90 days afte ling requirements, th	ional) er filing.) Pursuant to 605. is date will not be liste	.020 ed a
	effective date, but	not an effectiv	e time, at 12:01	a.m. on the earlie	er o
o) The 90th day after the reco	ord is filed. 2018				
the record specifies a delayed The 90th day after the recond Dated AUGUST 02, AUGUST 02	ord is filed. 2018				

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Filing Fee: \$25.00