L14000160579

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700374927027

10/25/21--01043--012 **80.00

COVER LETTER

TO: Registration S Division of Co		thssa Butler	. •
Just Click	Resume LLC Tel # 1-(754) 70	7-1652 ·	•
SUBJECT:	4		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
ı			
	Jeelasak Klankwamdee		
-		Name of Person	
	Just Click Resume LLC		
		Firm/Company	
	5375 NW 159th st #5765		
		Address	
	Miami Lakes FL 33014		
		City/State and Zip Code	
	info@justclickresume.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please ca	all:	
Jeelasak Klankwamdee		754 707-1652	
		at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

Just Click Resume LLC			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited 1	Liability Company were filed or	1 10/09/2014 and assigned	
Florida document number 1.14000160579	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	- -		
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
 If amending the registered agent and/or gent and/or the new registered office addr 		ur records, enter the name of the new registe	
gent and of the new registered office and	cas nere.		
Name of New Registered Agent:	Jeelasak Klankwamdee		
New Registered Office Address:	5375 NW 159th St #5765		
	Enter	Florida street address	
	Miami Lakes	, Florida 33014	
	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 an 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 me 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
p	Luz Klankwamdee	1776 polk St. #2302	
		Hollywood FL 33020	Remove
			
VP	Jeelasak Klankwamdee	1776 Polk St #2302	
		Hollywod FL 33020	■ Remove
			□Change
MGR 	Jeelasak Klankwamdee	1776 Polk St #2302	≣ Add
		Hollywood FL 33020	Remove
			Change
 -			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□ Change
			□Add
			□Remove

						_
				-	· · · · · · · · · · · · · · · · · · ·	_
						_
			<u></u>			_
						_
						-
						_
	····			74		_
		· · · · · · · · · · · · · · · · · · ·				_
						
						_
						_
						
						_
						_
fective date, if other than in effective date is listed, the date	the date of filing must be specific and	g:d cannot be prior to	date of filing or mo	(opt ore than 90 days after	ional) er filing.) Pursuant to 60	5.020
<u>yte:</u> If the date inserted in thi cument's effective date on the	s block does not r	neet the applical				
edition s cheen to dire on in	c repartment or t	raite 3 records.				
ecord specifies a delayed effe	ctive date, but not	an effective tim	e, at 12:01 a.m. o	n the earlier of: (b) Me 90th day aft	er the
is filed.			1	X		
October 11		2021	1	1//		
ted			\sim \parallel \sim	+		
		ľ				
					- / -	
	Signature of a r	member or author	zed representative	d member		