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JUL 01 2015 J SHIVERS

## **COVER LETTER**

TO:	Registration Secti Division of Corpo		Ψ,	
SUB	JECT:JEE	RK MACHINE @ LAW Name of Limi	DEFUILL LLC ted Liability Company	
The	enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Pleas	se return all correspond	ence concerning this matter t	to the following:	
		HCT CERTIFIED PU	BLIC ACCOUNTANTS 8 Name of Person	CONSULTANTS
			Firm/Company	
		3816 HC	PLLYWOOD BLVD., SUIT	TE 203
		HOLL	YWOOD, FLORIDA 330 City/State and Zip Code	21
		jerk E-mail address: (1	machine 100@gmail.com o be used for future annual repor	1 notification)
For	further information con	cerning this matter, please ca	dl:	
	RODERICK Name of P		at ( <u>954</u> ) Area Code D	966-4435 aytime Telephone Number
Encl	osed is a check for the	following amount:		
<b>\(\)</b>	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

JERK MACHINE @ LAUDERHILL, 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	
This afficiation is subtilitied to afficial the following.	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:	_
(Drivered office address MICT DE A CTDEET ADDRESS)	-
(Frincipal Office duaress 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 registered agent and/or the new registered office address here:	new
Name of New Registered Agent:  New Registered Office Address:	-
Enter Florida street address Florida	_
City Zi Zip Cade	_
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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	C.J.A. MALCOLM	POST OFFICE BOX 14035	
		FORT LAUDERDALE, FL 33302	<b>▼</b> Remove
			<del></del>
MGR	TREMAYNE L. DAVIS	611 NORTHWEST 39TH AVENUE	<b>⊠</b> Add
		LAUDERHILL, FLORIDA 33311	Remove
			····
<del></del>			Add
			□ Remove
			□ Add
			□ Remove
			□ Add
			🗆 Remove
			□ Add
			Remove

). If amending any other	information, enter change(s) here: (Attach	additional sheets, if necessary.)
(The effective date must be s	than the date of filing: ecific, cannot be prior to date of receipt or filed date and ed by the Florida Department of State)	(optional) cannot be more than 90 days after
DatedJune	23 ,2015 .	
<del></del>	Signature of a member or authorized repres	entative of a member
	TREMAYNE L. D.	AVIS

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Filing Fee: \$25.00

