L15000095927

| (Requ | estor's Name) | |
|------------------------------|-----------------|-----------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Name | e) |
| (Docu | ment Number) | |
| Certified Copies | Certificates of | of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



600397663776

2022 NOV 21 / /// 9: 2 SEGRETARY A TY

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|---|-------------|
| MJM KINO | G, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | indence concerning this matter | to the following: | | |
| | JAMES R MENKER | | | |
| | | Name of Person | | |
| | MJM KING, LLC | | | |
| | | Firm/Company | | |
| | 720 KING STREET | | | 20: 5:1 |
| | | Address | | 2022 KOV 21 |
| | JACKSONVILLE, FL 322 | 204 | | N 2 |
| | | City/State and Zip Code | | |
| | Jim @ Kin | makerbewing. | com | ## 9:2 |
| Car Carlo and Communication of | oncerning this matter, please c | | atony | 프를 2 |
| For further information c | oncerning this matter, prease c | att. | | 1 |
| Cha-105 | Wood. | at (<u>904</u>) <u>260</u> - Area Code Daytime T | elephone Number | |
| Name o | f Person | Area Code Daytime 1 | elephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Co (additional cop | of Status & |
| Mailing Addres | | Street Address: | on | |
| Registration : Division of C | | Registration Secti Division of Corpo | | |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Liability Company as it now appears on our records. Florida Limited Liability Company) |) |
|---|--|
| ility Company were filed on JUNE 1, 2015 | and assigned |
| ing; | |
| e limited liability company here: | |
| ls "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| le: | |
| ADDRESS) | |
| | |
| | 100 NOV |
| | N 7 |
| DX) | |
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| | -, -, -, |
| istered office address on our records, <u>enter t</u> <u>nere</u> : | |
| | |
| Enter Florida street address | |
| | |
| , Flo | rida Zip Code |
| i . | ng; e limited liability company here: s "Limited Liability Company," the designation "LLC" le: [ADDRESS] Stered office address on our records, enter there: Enter Florida street address Flo |

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|------------------------|-----------------|
| MGR | ROBERT J. MURPHY | 720 KING STREET | |
| | | JACKSONVILLE, FL 32204 | ■Remove |
| | | | Change |
| MGR | KEITH CLAUSEN | 720 KING STREET | = Add |
| | | JACKSONVILLE, FL 32204 | □Remove |
| | | | Change DCRE V 2 |
| | | | Remove |
| | | | |
| | | | Remove |
| | | | |
| | | | □Add |
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| | | | □Remove |
| | | | □ Change |

| ffective date, if other than the date of filing: Now Society Society | | | | | | | | | | |
|--|--------------|---------------------|-----------------|-----------------|------------------|------------------|------------------|------------------|---------------------------------|-----------------|
| ffective date, if other than the date of filing: Notember S_2022 (optional) | _ | <u>-</u> | | | | _ | | | | |
| ffective date, if other than the date of filing: Notember S_2022 (optional) | | | | | | | | | | |
| ffective date, if other than the date of filing: Notember S_2022 (optional) | | | | | | | | | | |
| Frective date, if other than the date of filing: Notember S_2022 (optional) | | | - | | | _ | | | | |
| Frective date, if other than the date of filing: Notember S_2022 (optional) | _ | | | | | | | | | |
| Feetive date, if other than the date of filing: Normber Syzozz (optional) | | | | | | | | | | |
| Frective date, if other than the date of filing: Normber S_2022 (optional) | | | <u></u> | | | - | | | - | |
| Frective date, if other than the date of filing: Notember S_2022 (optional) | | | | | | | | | | |
| Feetive date, if other than the date of filing: Normber 15,2022 (optional) | | | | | _ | | | | | |
| Feetive date, if other than the date of filing: Normber Syzozz (optional) | | | | | | | | | | 207 |
| Frective date, if other than the date of filing: Normber 15,2022 (optional) an effective 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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. | _ | | _ | | | <u>-</u> | | <u> </u> | | . •• |
| Feetive date, if other than the date of filing: Mour bec 5,2022 (optional) | _ | | | | | | | | | |
| Frective date, if other than the date of filing: | _ | | | | | | _ | | | |
| Frective date, if other than the date of filing: Moumber 15,2022 (optional) | | | | | | | | | 2 - 4 - 2 - 1 - 1 | |
| ffective date, if other than the date of filing: | - | | | | _ | , | | - | <u></u> | |
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| l is filed. | ote: H | nt's effective of | late on the De | partment of S | State's record | ls. | ny ming requ | mements, un | s dine with the | t the mateu |
| l is filed. | | | | | | | | | | |
| ated November 15. 2022. | | | ayed effective | date, but not | t an effective | time, at 12: | 11 a.m. on the | earlier of: (b |) The 90th | day after t |
| | ated _ | Nava | ember | 15_ | . 202 | 2. | | | | |
| | | - /)/ | D- , | <u>ک</u> | | | | | | |

Typed or printed name of signee