## L16000151165

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor					
CUDI	ELKJLK L	LC				
SUBJECT:Name of Limited Liability Company						
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	e return all correspo	endence concerning this matter	to the following:			
		JOSEPH L KOHN				
			Name of Person			
		JOSEPH L KOHN PA				
			Firm/Company			
		5489 WILES ROAD, SUITE 304				
			Address	• • •		
		COCONUT CREEK FL,33	3073			
			City/State and Zip Code			
		JOE@JLKOHN.COM				
		E-mail address: (1	to be used for future annual report notifi	cation)		
For fu	ırther information c	oncerning this matter, please ca	all:			
JOSE	PH L KOHN		954 332-3111 at ( )			
-	Name o	f Person		Telephone Number		
Enclo	sed is a check for the	ne following amount:				
□ \$2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2017

JOSEPH L KOHN JOSEPH L KOHN PA 5489 WILES ROAD, SUITE 304 COCONUT CREEK, FL 33073

SUBJECT: ELKJLK, LLC Ref. Number: L16000151165



We have received your document for ELKJLK, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00002133

February 14, 2017

Enclosed are the documents corrected.

Thank you for your attention.

SECRETARY OF STATE OF STATE OF CORPORATION

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I (A)	<b>Liability Compa</b> Florida Limited	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi Florida document number L16000151165	lity Company	were filed on AUGUS	ST 12TH 2016	and assi	gned
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited liab	oility company here:			
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the design	ation "LLC" or the abb	reviation "L.L	C."
Enter new principal offices address, if applicable:		5128 NW 86TH WA	Y		
(Principal office address MUST BE A STREET A		CORAL SPRINGS F	FL 33067	<del></del>	7년 3일
				8 2	957 <u>m</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5128 NW 86TH WA	Y	PHI	SORPOR SORPOR
		CORAL SPRINGS F	FL 33067	<u></u>	2.2
		<del></del>		9	or ser or ser or by or or by or
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>e</u> :	r records, <u>enter t</u>	he name o	of the n
	5128 NW 86TH WAY  Enter Florida street address				
New Registered Office Address:					
	CORAL SPRIN		, Florida 3306	57	
-	<del></del>	City	, 1 <sup>-</sup> 1011ua	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

ELKJLK, LLC

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 <u>Title</u> <u>Name</u> **Address** Type of Action JOSEPH L KOHN M MGR □ Add 5489 WILES ROAD, SUITE 304, ( Remove MGR ☐ Change **NESTOR MIRANDA** 5128 NW 86TH WAY, CORAL SP. ■ Add MGR ☐ Remove MER ☐ Change M MGR COSME E. TORRES 5128 NW 86TH WAY, CORAL SP. **■** Add □ Remove \_□ Change ☐ Add ☐ Remove \_□ Change ☐ Add ☐ Change ☐ Remove ☐ Change

	on, enter change(s) here: (Attach additional sheets, if	f necessary.)
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Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days a does not meet the applicable statutory filing requirements artment of State's records.  Iffective date, but not an effective time, at 12:	s, this date will not be listed as the
Dated	2017	
		<b>7</b> 1,2
Si	gnature of a manufact of authorized representative of a member	FEB 21
	Typed or printed name of signee	
		PH 12: 46
	Page 3 of 3	

Filing Fee: \$25.00