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COVER LETTER

	ision of Corp			
SUBJECT:	JK SCREE			
			nited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Nan Panton		
		Klingbeil & Roberts, P.A.	Name of Person	
			Firm/Company	
		341 W. Venice Avenue	Address	
		Venice, F1, 34285	Address	
		nan@k-rlaw.com	City/State and Zip Code	18
			to be used for future annual report notif	ication)
For further in	iformation co	oncerning this matter, please co	all;	
Nan Panton	- <u>-</u> .		94) 485-2900 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

JK SCREENING, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	nny a <u>s it now appears on our rec</u> c Liability Company)	ords.)
The Articles of Organization for this Limited 1	Liability Company	were filed on May 19, 2017	and assigned
Florida document number 1.17000111205	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
			- -
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation _L.L.C."
Enter new principal offices address, if appli	cable:	4310 Amondi Street	· 2 - E
Principal office address MUST BE A STRE	ET ADDRESS)	Port Charlotte, FL 33981	ज ता
			2
Enter new mailing address, if applicable:		4310 Amondi Street	\$ 5
<u> Mailing address MAY BE A POST OFFICE</u>	BOX)	Port Charlotte, FL 33981	
3. If amending the registered agent and egistered agent and/or the new registered of	Vor registered of Office address here	fice address on our recor <u>c</u> :	ds, enter the name of the n
Name of New Registered Agent:	JUAN QUILES		
New Registered Office Address:	4310 Amondi S		
		Enter Florida street addi	ress
	Port Charlotte	, l	Florida ³³⁹⁸¹
		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 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	KEITH SAWHNEY	890 Hillcrest Drive	
			□ Add
		Nokomis, Ft. 34275	■ Remove
			Change
			☐ Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more that ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	in 90 days after filing.) Pursuant to 605,020
record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
ned 10.5.18	

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Filing Fee: \$25.00