## 1/8000083283

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AUG 04 2018 S. YOUNG

## **COVER LETTER**

**Division of Corporations** JK SOFTWARE SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARSHA SIHA Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 SUITE 220 Address HOUSTON TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 462-3453 MARSHA SIHA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JK SOFTWARE SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/02/2018	and assigned
Florida document number L18000083283		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ae abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7906 3RD AVE S	
Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG, FL 33707	
		7.5. 60
Enter new mailing address, if applicable:	7906 3RD AVE S	FIL 3
Mailing address MAY BE A POST OFFICE BOX)	ST PETERSBURG, FL 33707	THE PROPERTY OF THE PROPERTY O
		75 F3
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		절의 2
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:		
	Enter Florida street address	
<u></u>	Florida	
	City	Zip Code

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
			Add
			☐ Remove
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			□ Remove
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			The Difference of the Change o
			FLORIDA 440
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James Knesel Signature of a member or authorized representative of a member	Dated	. 2018				
·	James Kr	resel	thorized representative	of a member		
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Page 3 of 3

Filing Fee: \$25.00