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OIVISION OF CORPORATION

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COVER LETTER

TO:	Registration So Division of Cor		•			
end in	J&K DELJ	XE COLLECTIONS LLC				
SUBJEA	· · · · · · · · · · · · · · · · · · ·	¹ NE COLLECTIONS LLC Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and feets) are sub	mitted for filing.			
Please re	cturn all correspo	ondence concerning this matter	to the following:			
		KETUELIE DORTHUS				
			Name of Person			
		J&K DELUNE COLLEC	MONS LLC			
		······································	Firm/Company			
		201 W OCEAN AVE 811	E 3733			
		Address				
		LANTANA, FL 33465				
		City/State and Zip Code				
		KEKEDORTILUS a GMA	HCOM to be used for future annual report notif	ication		
For furth	or information c	concerning this matter, please of		(Cit, III)		
	LIE DORTILE'S		561 768-3283			
	Name (if Person	at ()	Telephone Number		
Enclosed	I is a check for t	he following amount:				
■ \$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)		
		ING ADDRESS:	STREET/COURH Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&K DELUXE COLLECTIONS LE		
(<u>Name of the Limite</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li. Florida document number $\frac{1.18000092461}{1.18000092461}$	ability Company were tiled on	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the a	bbreviation "Lat." You
Enter new principal offices address, if applica	ible:	H in Care
(Principal office address MUST BE A STREE	TADDRESS)	29 97
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BON)	9 AH 10: 45
registered agent and/or the new registered of	or registered office address on our records, <u>enter</u> fice address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	C . C . I II	
	Enter Florida street address	
	, Florida	Zip Code
	νų	eque inn

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. Thereby 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>	<u>Address</u>	Type of Action
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Effective date, if other than If an effective date is listed, the da	te must be specific	e and cannot be prior	to date of filling or me	ore than 90 days after fifin	g.) Pursuant to 605.6	0207
Note: If the date inserted in t document's effective date on				g requirements, this dat	e will not be lister	d as
he record specifies a del The 90th day after the			t an effective t	me, at 12:01 a.m	. on the earlie	r of
Dated May 24th		2018	·			
· · · · · · · · · · · · · · · · · · ·			_			

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Typed or printed name of signee

Filing Fee: \$25.00