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M. MILLIGAN JUL 2 5 2018

COVER LETTER

TO:	Registration Sectorial Division of Corp			
SUBJ	ест: <u>Ј</u> ‡	K works 11	Name of Limited Liability Company and fee(s) are submitted for filing. Toseph Morales Name of Person **EMOYES** UC Firm/Company **MODOLE BLV d Address **MODOLE BLV d Address **GUY 2 10 1 0 gmail coim E-mail address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification) **Email address: (to be used for fulure annual report notification)	
SUBJECT: J & K WOKKS LLC 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: JOSEPH MORALS Name of Person				
The er	nclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Plcase	return all correspon	dence concerning this matter t	to the following:	
		Josep	Morales Name of Person	Decal (OT) al report notification) (075 - 032U Daytime Telephone Number & \$60.00 Filing Fee, Certificate of Status &
		J & K NC	Firm/Company	
		300 marjor	re Byd Address	
		Longwood	FL 32750 City/State and Zip Code	
		AC GUYZ 1 E-mail address: (1	01 @ gmail. o be used for fuller annual report notif	(O(Y)
For fu	Inclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: TOSEPY MORALS Name of Person The Works LC Firm/Company 300 Marjorie Byd Address Longwood FL 32750 City/State and Zip Code AC GUYZ101 O gmail of the control of full feet of full feet on notification) The return all correspondence concerning this matter, please call:			
JO	Seph M. Name of	OYALES Person	at (40) 075 Area Code Daytime	- 032U : Telephone Number
Enclo	sed is a check for the	following amount:		
□ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

FILED

2018 JUL 25 PM 1:52

Name of the Limited Liability (A Florida	SEC. ETARY OF STATE SEC. ETARY OF STATE SEC. ETARY OF STATE ASSEE. FLORED & Company State Sec. ETARY OF ST
The Articles of Organization for this Limited Liability C	Company were filed on 7 10 18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	istered office address on our records, enter the name of the I
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Name Davids and America Cinnetting if shamping Degistages	
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and of	t and agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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, 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
MGR	Joseph Morales	300 marjorie Blvd	∑ Add
	'	300 Marjorie Blvd long wood FL	☐ Remove
		32750	Change
			☐ Remove
			☐ Change
			Remove
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ffective date, if other	than the date of filin	g:		(optional)	
f an effective date is listed.	the date must be specific and	d cannot be prior to date of fi meet the applicable statute		ivs after filing.) Pursuant	
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	a delayed effective of r the record is filed.	date, but not an effe	ective time, at 12	::U1 a.m. on the e	earlier of
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Dated	/ Signature of a	member or authorized repre-	sentative of a member		
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Filing Fee: \$25.00