## L18000173108

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PICK-UP WAIT MAIL
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## COVER LETTER 80

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TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** 

	GROUP AND SERVICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filling.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN JESUS PESTANA		
		Name of Person	
		Firm/Company	
	4100 NW 135th STREET	UNIT 5-A	
		Address	
	OPA-LOCKA, FL 33054-	4652	
	inversionesjupetterkango@	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
JUAN PESTANA		+58414 2473697	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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VIKING GROUP AND SERVICE	ELLC			fi.
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears of Liability Company)		ت
The Articles of Organization for this Limited L Florida document number <u>L18000173108</u>	,	were filed on 12/01/	/2024 and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
JPK GROUP LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		4100 NW 135th ST	TREET UNIT 5-A	
(Principal office address MUST BE A STREE		OPA-LOCKA, FL	33054-4652	_
Enter new mailing address, if applicable:		4100 NW 135th ST	REET UNIT 5-A	
(Mailing address MAY BE A POST OFFICE BOX)		OPA-LOCKA, FL	33054-4652	
B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:  New Registered Office Address:	JUAN PESTA			stered
	OPA-LOCKA,		, Florida <u>33054-4652</u>	
		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.

JUAN PESTANA

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
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			□Remove
			□Change
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cord specifies a delayed effective date, b	out not an effective time, at 12:	01 a.m. on the earlier of	f: (b) The 90th day at	iter the
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s filed.  12/16/2024	IUAN PEST	ANA sentative of a member	: <u>-</u> 	2024 ()

Filing Fee: \$25.00