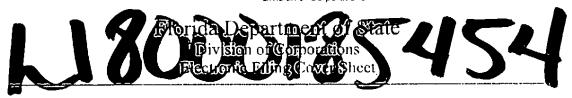
Division of Corporations

8/9/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000238253 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ro.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MITTENTHAL WEINSTEIN

Account Number : I20130000041

Phone : (561)862-0955

Fax Number : (561)665-5028

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JFVK REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T GLASS

AUG 1 2 2019

## **COVER LETTER**

	istration Se sion of Cor					
SUBJECT:	JFVK REA	LTY LLC				
SUBJECT:		Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub				
Please return	all correspo	ndence concerning this matter	to the following:			
		Jeffrey C. Weinstein, Esq.				
		Mittenthal Weinstein LLP	Name of Person			
			Firm/Company			
		3100 S Federal Highway, S	Suite B			
			Adaress			
	Delray Beach, FL 33483					
		weinstein@mw-attorneys.co	City/State and Zip Code		101	<b>3</b> n u
		E-mail address: (	to be used for future annual report notific	cation)	7.	
For further in	dormation c	oncerning this matter, please ca	111.			1 -255/2
Jeffrey C We	cinstein		561 862 0955 ਸ਼ਾ ()		•	
	Name o	f Person	Area Code Duytime	Telephone Number		ii (
Enclosed is a	check for th	ne following amount:				л ы
\$25.00 F	iling Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

JEVK REALTY LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our raited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number L18000185454	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"Lf.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	<del> </del>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		(D
The state of the s		
		し <u>ニ</u> アー の じまっ
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address	<u>R nere</u> :	<del>-</del> <del></del>
Name of Nov. Posistaved Aposts		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duti t as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
<del>I</del> I	f Changing Registered Agent, <u>Sign</u>	ature 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
MGR	SPARING PARTNERS 2 INC.	33 SE 4TH STREET	8.44
		SUITE 100	■ Add
		SOFTE 100	□ Remove
		BOCA RATON, FL 33432	□ Change
			Change
<del></del>			□ Add
			_ □ Remove
			☐ Change
			20 
<del></del>			Remove
			Change
			□ ∀q <b>ū</b> Ū
			Remove
			Change
			🖸 Add
			□ Remove
			□ Change
			□ Remove
			□ Change

		<del></del>
· · · · · · · · · · · · · · · · · · ·		
	• • • • • • • • • • • • • • • • • • • •	<del></del>
	···································	
		201
		<u>\$6</u>
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		9 :
		- P
fective date, if other than the date of filing:		. <del></del>
an effective date is listed, the date must be specific and cannot be prior to date of filling o ote: If the date inserted in this block does not meet the applicable statutory fi ocument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursup ling requirements, this date will no	nt to 605.020 t be bisted a
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the	e earlier o
sted		
Signature of a member or authorized representat	live of a member	

Page 3 of 3

Filing Fee: \$25.00

						***************************************
						^.
						<del></del>
		<del></del>				
<del></del>		<u></u>				
						<del></del>
· <del> </del>	- <del></del>		······································			
	<del></del>	<del> </del>	<del></del>		<del></del>	
				···		201
					•	· <u>)</u>
	· <del>····································</del>	<del></del>				<u> م</u> ـــــــــ
,,		<u> </u>			<del></del>	
				· · · · · · · · · · · · · · · · · · ·		
						. Č
					<del></del>	<del></del>
effective date is listed, the da	n the date of fil	ling:			(optional)	
e: If the date inserted in t	his block does no	of meet the app	licable statutory	or more than 90 day filing requirement	s after filing.) Pa is, this date wil	usumnt to 605.02 I not be listed
ument's effective date on	the Department o	of State's recon	ds.		•	
record specifies a del	aved effective	e date but i	oot an effect	ive time at 12	·01 a.m. on	the earlier
he 90th day after the	record is file	ed.	iot an enece	ive dille, at 12	.01 8.111. 011	the carrier
-1-1-1-	· · · · · · · · · · · · · · · · · · ·					
ed 8/9/2019	<del>-(</del>	-{1	Salar (			
	· H	1	·	•		

Page 3 of 3

Filing Fee: \$25.00