# L19000004705

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special instructions to 1 ming officer.

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## **COVER LETTER**

SUBJECT: FK	SMT LL	$\subseteq$	
	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Phil Schi	neldermeger Name of Person	
	PKJM	T LLC Firm/Company	
	,	Castle Road	
		-2 33957 City/State and Zip Code	
	Phil (9 C 10 E-mail address: (t	SCArch partners o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Phil Schne	ide (meyer Person	at ( <u>203</u> ) <u>32/-</u> Area Code Daytime	6883 Telephone Number
Enclosed is a check for the	e 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)

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TO:

Registration Section Division of Corporations

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PKJMT LL	C 20 Mining
(Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CID Sparch Partners	× 1/C
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1291 Sand Castle Ras
(Principal office address MUST BE A STREET ADDRESS)	Seribel F1 33957
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1291 Sand Castle Road Sandel FL 33957
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Change
		<del></del>	
			□Remove
			□ Add
			□Remove
			□Change
-			□ Add
		□Remove	
			□ Add
			Remove
			□Change
		□Add	
		□Remove	
			□Change

## Page 2 of 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe lote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated <sub>.</sub>	May 21, 2020  Signature of a member or authorized representative of a member  Phil Schneide (meye)  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Phil Schneidermeuer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00