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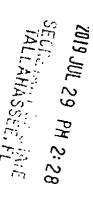
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

SUBJECT:	JK Instant I	Orive LLC		
SUBJECT:	-	Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jim Jean Francois		
		JK Instant Drive LLC	Name of Person	······································
		7624 NW Greenspring St	Firm/Company	
		Port Saint Lucic/Florida 34	Address 4987	
		jkinstantdrive@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
Jim Jean Fra	ncois		772 224-7229 at ()	
	Name o	f Person		: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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 ADDRESS:

Registration Section Division of Corporations

TO:

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**

JK Instant Drive LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/19/2019	and assigned
Florida document number L19000049551	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
		2019 SEE 2019
Enter new mailing address, if applicable:		AH L2
(Mailing address MAY BE A POST OFFICE BOX)		S 9 1
<del>-</del>	<del></del>	
		12 <b>7</b>
B. If amending the registered agent and/or regist	ered office address on our records	
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flo	rida
<del></del>	City	Zip Code
Now Domintowed Ament's Cinnetons of the mains Domintowed	Amunda	

## 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.

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charles Ernst Jr Charlot	7624 NW Greenspring st,Port Saint Lucie,FL 34987	<b>=</b> Add
			☐ Remove
			☐ Change
AMBR	Kenley Theronier	7624 NW Greenspring st,Port Saint Lucie,FL 34987	Add
		<del></del>	□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		<del></del>	
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an eff	ve date, if other than the date of filing:
cum	ent's effective date on the Department of State's records.
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated .	07/24/2019
	Signature of a member or authorized representative of a member
	Jim Jean François

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Filing Fee: \$25.00