

L190000 71546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

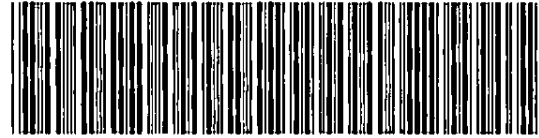
(Business Entity Name)

(Document Number)

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2019 MAY 13 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T GLASS

MAY 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P(JK)A Companies LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joan D. McClelland Joan D. McClelland *May 7, 2019*
(Contact Person)

JDM Destin Properties LLC
(Firm/Company)

4488 Luke Avenue
(Address)

Destin, FL 32541
(City/State and Zip Code)

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joan D. McClelland at 850 496-4115
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

✓ **MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

P(JK)A Companies LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/13/2019 and assigned Florida document number L19000071546.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JDM Destin Properties LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

4488 Luke Avenue

Destin, FL 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 6387

Miramar Beach, FL 32550

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Joan D. McClelland

New Registered Office Address:

4488 Luke Avenue

Enter Florida street address

Destin

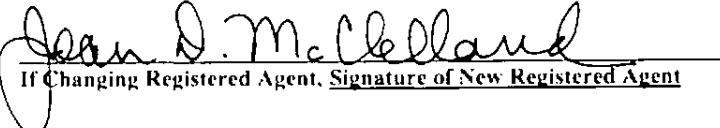
Florida 32541

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.


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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Angela D. Mehan	3857 Indian Trail Drive	<input type="checkbox"/> Add
		Destin, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patrick H. Mehan	150 Bear Creek Trail	<input type="checkbox"/> Add
		Moreland, GA 30259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kathy P. Holliman	4488 Luke Avenue	<input type="checkbox"/> Add
		Destin, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CALLAHAN COUNTY CLERK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 2019 MAY 13 PM 12:06
 DEPARTMENT OF STATE
 OFFICE OF THE CLERK
 100 EAST MAIN STREET
 MADISON, WISCONSIN 53703

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 4, 2019

Joan D. McClelland
 Signature of a member or authorized representative of a member

Joan D. McClelland

 Typed or printed name of signee