

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilless Entry Walley
(Document Number)
· · · · · · · · · · · · · · · · · · ·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600332768946

U8/15/19--01002--011 **25.00

2018 AUG IS PO 5: 30
SUCRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T LETAISTAN

COVER LETTER

Divisio	on of Corpo	rations		
JK SUBJECT:	MEDIA &	TECH LLC		
170 Datie 11		Name of Li	mited Liability Company	
The enclosed Ai	rticles of Am	endment and fee(s) are su	bmitted for filing.	
		nce concerning this matte		
		LUIS CASIN		
		CASIN CONSULTING I	Name of Person LC	<u> </u>
	•	1000 NW 57 CT. SUITE.	Firm/Company 1046	
	-	MIAMI, FL 33126	Address	
	Fi	GARCIA@CASINASOC	City/State and Zip Code	
	_	E-mail address: (to be used for future annual report noti	fication)
For further inform	nation conce	ming this matter, please c	all:	
LUIS CASIN			305 471-5874 at ()	
	Name of Pers	on	Area Code Daytim	e Telephone Number
Enclosed is a chec				
■ \$25.00 Filing	Fee U	\$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)
ĺ	MAILING A Registration Division of C	Section	STREET/COURIE Registration Section Division of Corpora	1

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JK MEDIA & TECH LLC

FILED

		pany as it now appear d Liability Company) 2813	613 1 3 30
The Articles of Organization for this Limited	Liability Compar	ly were filed on 07/6	0572019 and assigned
Florida document number L19000174187	· ·	SECRE TALLAI	ASSEE, FLORIDA
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	hility company her	<u>e</u> :
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl		N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		-
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered of	<u>ę:</u>	ur records, enter the name of the new
New Registered Office Address:			
		Enter Florida	street address
			Planta
		City	, Florida Zsp Code
New Registered Agent's Signature, if changing R	egistered Agent:		,
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in	r and complete p tered agent as pr egistered office a hange.	performance of my rovided for in Chap address, I hereby co	duties, and I am familiar with and ster 605 F.S. Or, if this document is
	Page 1	L3	

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
MGR	FERRAZ DO AMARAL, CYLENE K.	1000 NW 57 CT Młami, FL 33126	
			U Add
			■ Remove
			☐ Change
MGR	RAIMUNDA ROSANGELA APARECIDA DA SILVA	1000 NW 57 CT MIAMI, FL 33126	
			Remove
			Change
			🖸 Add
			Remove
			☐ Change
			□ Remove
	,		Change
			
			□ Remove
			Change
			O Add
			☐ Remove
			□ Change

			· · · · · · · · · · · · · · · · · · ·	
				,
			 	
				·

	·			
		-		
				
				
				
	· · · · · · · · · · · · · · · · · · ·			
	N/A			
fective date, if other than the in effective date is listed, the date mus	date of filing:	ing to date of filling as	(optio	onal)
ote: It the date inserted in this blo	ock does not meet the appl	licable statutory fil	ing requirements, this	date will not be listed a
cument's effective date on the De	partment of State's record	18.		
record specifies a delayed	effective date, but n	not an effective	time, at 12:01 a	.m. on the earlier o
The 90th day after the reco	rd is filed.			
AUGUST 5	2019	/	/	· ·
<u> </u>	, - <u></u> -		.	
	<i>-</i>			
	ignature of member of all		. ,	

Page 3 of 3

Filing Fee: \$25.00