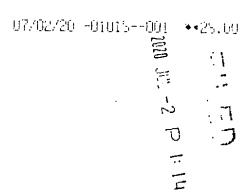
## L20000 139256

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## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE		eering, LLC					
SOBJE	LI	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Julian McKinley					
		<del></del>	Name of Person				
		JKM Engineering, LLC					
			Firm/Company				
		10211 Powell Creek Ct					
		Address					
		Jacksonville FL, 32222					
			City/State and Zip Code				
		jules866@gmail.com	to be used for future annual report no	otification)			
For furth	her information c	oncerning this matter, please c					
Julian N	dcKinley		954 600-2725				
	Name o	f Person		ime Telephone Number			
Enclose	d is a check for th	ne following amount:					
<b>≘</b> \$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)			
	Mailing Address		Street Address:	iaction			
Registration Section			Registration S				

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION
OF

JKM Engineering, LLC

( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.) 1: 14
The Articles of Organization for this Limited Liability Florida document number L20000139256	y Company were filed on 05/21/2	020 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
<u> </u>		Florida
	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>	Address	Type of Action
MGR	Kelley McKinley	10211 Powell Creek Ct, Jacksonville, FL 32222	🗆 Add
			□Remove
			■ Change
MGR	Julian McKinley	10211 Powell Creek Ct, Jacksonville, FL 32222	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date motore: If the date inserted in this becoment's effective date on the I	e date of filing: ast be specific and ca block does not med	innot be prior to et the applicab		nore than 90 days		
record specifies a delayed effecti Lis filed.	ve date, but not an	effective time	e, at 12:01 a.m.	on the earlier o	f: (b) The 90th (	lay after the
ated	· ,	11:47 am	. •			
^						
(). I MU						
Jle My	Signature of a mer	mber or authori	zed representative	e of a member		

Filing Fee: \$25.00