LZ0000173853

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TO:

Registration Section

Division of Co	rporations		
	L ESTATE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicolas Lampariello, Esq.		
		Name of Person	
	Lampariello Law Group I	LP	
		Firm/Company	
	5229 N. HIATUS RD., ST	TE. B	
		Address	
	SUNRISE, FL 33351		
		City/State and Zip Code	
	pleadings@lawllg.com		
	E-mail address:	to be used for future annual report not	ification)
For further information of	oncerning this matter, please o	ail:	
Nicolas Lampariello		954 628-3579 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		(T) \$55.00 P(1) P 0	D 250 20 mm =
a \$25,00 Fining Fee	S30.00 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 each - 4)
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	orporations 7	Division of Cor The Centre of T	
Tallahassee, I		2415 N. Monro	

Tallahassee, FL 32°

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

723/107 H, Pil 2: 26

JMK REAL ESTATE LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000173853</u>	pany were filed on 06/22/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>ent</u> o	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	.622
	<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

22.1AUG 14 PH 2:27

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR/MGR.	JAMI KOPACZ	601 NE 11TH AVENUE	
		FORT LAUDERDALE, FL 33304	G.
			■ Change
 			□Add
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			□Remove
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fective date, if oth	er than the date of filing: (optional)	
n effective date is listed	d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1	Pursuant to 605.020
ite: If the date Hisel	rted in this block does not meet the applicable statutory filing requirements, this date value on the Department of State's records.	vill not be listed a
	and on the population of place 3 (ecolds.	
cord specifies a dela	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
is filed.		•
	,	
July 16 ted	2020	
	Signature of a member or authorized	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00