## L20000 173853

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(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

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SURJECT	JMK REA	L ESTATE LLC						
SOBECT.	•	Name of Lir	nited Liability Company					
The enclose	ed Anicles of	Amendment and fee(s) are sul	omitted for filing.					
Please retur	n all correspo	ondence concerning this matter	to the following:					
		Nicolas Lampariello, Esq.						
			Name of Person					
		Lampariello Law Group I	.LP					
		<del></del>	Firm/Company					
		5229 N. HIATUS RD., ST	ΓE. B					
			Address					
		SUNRISE, FL 33351						
			City/State and Zip Code	T				
		pleadings@lawllg.com						
Car Graham	· · · · · · · · · · · · · · · · · · ·		to be used for future annual report	notification)				
ror mriner i	intormation c	concerning this matter, please of	all:					
Nicolas Lar			954 628-357 at ()					
	Name o	f Person	Area Code Da	ytime Telephone Number				
Enclosed is	a check for th	ne following amount:						
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Re	niling Addres		Street Address Registration	Section				
	Vision of C D. Box 632	•	Division of Corporations The Centre of Tallahassee					
Та	llahassee, I	FL 32314		rroe Street, Suite 810				

Tallahassee, FL 32303

## 

JMK REAL ESTATE LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.20000173853	oility Company were filed on 06/22/2020	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> <u>here</u> :	me of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

2010 SE - 4 PM 4: 08

Title	<u>Name</u>	Address	Type of Action
MBR / MGR	JAMI KOPACZ	601 NE 11TH AVENUE	
		FORT LAUDERDALE, FL 33304	□Remove
			<b>■</b> Change
			□Remove
			□ Change
MARKET STATEMENT AND AND ASSESSED ASSESSED.			□Add
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ective date, if of effective date is list in If the date insument's effective	led, the date mus erted in this blo	t be specific an ock does not	d cannot be pr meet the app	ior to date of l	tory filing re	than 90 days a quirements.	this date	Pursuant to 6	505.02 isted
ord specifies a defiled.	elayed effectiv	e date, but no	t an effective	time, at 12	:01 a.m. on t	he earlier of:	(b) Th	e 90th day af	ster th
d		A	2020	1	<u> </u>				
			~			/			
		Signature of a	member or au	thorized repr	esentative of:	Lmember			

\*\* \*\* \*\*

Filing Fee: \$25.00