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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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Howard H. Speigel. Esq. attorney and counselor at law

1801 Lee Rd. Suite 110 Winter Park, FL 32789

Tel: 407-647-5700 Fax: 407-790-4179 hspeigel@yahoo.com

August 31, 2021

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

In re: JSKRAM PROPERTY MANAGEMENT, LLC

L20000288151

Articles of Amendment

## Gentlemen:

Enclosed herein please find Articles of Amendment for the above indicated limited liability company along with the filing fee of \$25.00..

Please file same, and provide an acknowledgement of filing at your earliest possible convenience.

enclosure

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSKRAM PROPERTY MANAGEMENT LLC		
( <u>Name of the Limited Liability Comps</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000288151}{1.0000288151}$ .	were filed on <u>09/14/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
the new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	9781 PORTOFINO DRIVE	
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA 32832	
		:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nat</u>	ne of the new register
Name of New Registered Agent:		· .
New Registered Office Address:		
-	Enter Florida street address	(1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

of removed from our records:

## MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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etive date, if other than the effective date is listed, the date must if the date inserted in this bloment's effective date on the De	ck does not meet the applicabl	date of filing or more than 9 c statutory filing require	(optional) ) days after filing.) Pursuant to 605, ments, this date will not be liste
ord specifies a delayed effective filed.	date, but not an effective time	, at 12:01 a.m. on the ea	dier of: (b) The 90th day after
d AUGUST 20	. 2021		
		ed representative of a mem	

Filing Fee: \$25.00