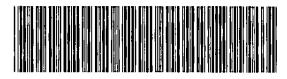
LZ0000308332

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R. WHITE 107/19/200

COVER LETTER

	ation Section cof Corporations	
KJ/	AMP TEAM LLC	
SUBJECT:	Name o	of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) ar	e submitted for filing.
Please return all c	correspondence concerning this m	natter to the following:
	DUNIA P ARITA	
		Name of Person
	KJAMP TEAM LLC	
		Firm Company
	6331 SW 34TH ST	
		Address
	MIRAMAR, FL 3302	23
	KJAMPTEAM@GMA	City/State and Zip Code
	E-mail addi	ress: (to be used for future annual report notification)
For further inforn	nation concerning this matter, ple	ase call;
DUNIA P ARITA	١	786 263-3973
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Stati	
Registr Divisio P.O. Bo	Address: ation Section on of Corporations ox 6327 assec, FL 32314	Street Address: 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

KJAMP TEAM LLC			1. 10: 17
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Florida document number L20000308332	Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		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	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, e	nter the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street a	ddress
	N/A		_, 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 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	DUNIA P ARITA	6331 SW 34TH ST	∐Add
		MIRAMAR, FL 33023	
			■Change
AMBR	DUNIA P ARITA	6331 SW 34TH ST	■Add
		MIRAMAR, FL 33023	
			☐ Change
			UAdd
			□Remove
			□Add
			Remove
			Change
			□Add
			[]Remove
			□Change
			⊡∧dd
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ective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	specific and cannot be prior to does not meet the applicab	date of filing or more than 6	(optional) 00 days after filing.) Pursuant to 60 ements, this date will not be lis	05.0207 sted as
cord specifies a delayed effective do s filed.	ite, but not an effective tim	e, at 12:01 a.m. on the ea	irlier of: (b) The 90th day af	ter the
OCTOBER, 12	2020	-·		
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<u>D.</u>	nature of a member or authori	zed representative of a mer	nber	