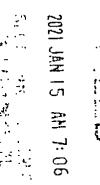
LZO CCO 30916Z

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O SIMMONS FEB 24 2021

COVER LETTER

TO:

Registration Section Division of Corporations

AK Yard C SUBJECT:	Cards, LLC		
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karissa A. Juriga		
		Name of Person	
		Firm/Company	
	1250 Mount Homer Rd., U	JNIT 47 Address	
	Eustis, FL 32726	Address	
	karissabarlow@ymail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Karissa A. Juriga		607 237-7010	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED OF

2021 JAN 15 AM 7: 06

AK Yard Cards, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______ and assigned Florida document number 1.20000309162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KJ Yard Cards, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

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 ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida ___

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

2021 JAN 15 AM 7: 06

<u>Title</u>	<u>Name</u>	Address Control (영화 NUFE	Type of Action
MGR	Jennifer Wright	1250 MT HOMER ROAD	🗆 Add
		EUSTIS, FL 32726	■ Remove
			□Change
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Effective date, if other than the date o an effective date is listed, the date must be spectore: If the date inserted in this block does becoment's effective date on the Department.	of filing:
record specifies a delayed effective date, b is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated December 31	. 2020

Filing Fee: \$25.00