# L20000349507

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### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT:	JK & L Vent	ures L.L.C			
Sommer.		Name of Limi	ted Liability Company		
The enclosed	Articles of A	amendment and fec(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Karen Trinidad			
			Name of Person		
			Firm/Company		<del></del>
		162 N 400 E, Ste C301			
			Address	<del></del>	<del></del>
		Saint George, UT 84770			
			City/State and Zip Code		<del></del>
		entity@easieraccounting.con			
		E-mail address: (to	be used for future annual r	report notification)	
For further in	formation co	ncerning this matter, please cal	H:		
Karen Trinid	_		201 759 at ( )	-9766	
	Name of l	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
<b>≅ \$</b> 25.00 F	iling 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, 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

JK & L Ventures LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 11/04/2020	and assigned
lorida document number L20000349507		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		231537
Principal office address MUST BE A STREET ADD	RESS)	12
		H 6
inter new mailing address, if applicable:		် တို့ " ည် ထွ
Mailing address MAY BE A POST OFFICE BOX)		
, To 1 (1)		
* * *	-	
B. If amending the registered agent and/or registere gent and/or the new registered office address here:		e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lisette Gonzalez	9730 SW 3rd St.,	□Add
		Miami, FL 33174	= Remove
			□Change
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			□Remove
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time data if other than the data of Clines.	(antiI)
effective date is listed, the date must be specific and cannot be p	(optional)  prior to date of filing or more than 90 days after filing.) Pursuant to 605  pplicable statutory filing requirements, this date will not be liste
ment's effective date on the Department of State's reco	
ord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after
med.	
May 11 , 200	23.
- <del> </del>	<del></del> ·