

L20000376300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

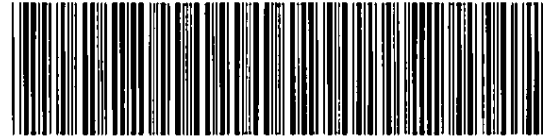
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC 16 AM 8:37

STATE OF FLORIDA
TALLAHASSEE

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

12/17/20

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Florida Limited Liability Company Jam KJC II, LLC
Name Document Number (if known)

Walk in Will wait

Certified Copy of the Articles of Organization
 Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 INC

OTHER

AMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion

Merger

OTHER FILINGS

Annual Report
 Fictitious Name
 Statement of Authority

APOSTIL ()
COUNTRY

REGISTRATION/QUALIFICATIONS

Foreign
 Limited Partnership
 Reinstatement

Trademark
 Other

EXAMINER'S INITIALS: _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA LIMITED LIABILITY COMPANY JAM KJC II, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERGER, MARK

Name of Person

Firm/Company

2627 NW 40TH STREET

Address

BOCA RATON, FL 33434

City/State and Zip Code

mberger77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK BERGER

954 242-6445

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 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**

FLORIDA LIMITED LIABILITY COMPANY JAM KJC II, 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 December 1, 2020 and assigned Florida document number 120000376300.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JAM KJC II, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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