K21000117558

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COVER LETTER

Registration Section

TO:

Divis	ion of Cor	porations			
		KI GUY OF NORTH FL LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspo	ndence concerning this matter	to the following:		
		DOMINICK FULCO			
			Name of Person		
			Firm/Company		
		13973 BRADHAM RD	. ,	<u>:</u>	
			Address	-	
		JACKSONVILLE, FL 322	226	÷	
			City/State and Zip Code	:	
		NFULCO34@GMAIL.COM			
		E-mail address: (to be used for future annual report no	otification)	
For further info	ormation c	oncerning this matter, please co	all:		
DOMINICK F	TULCO IV		904 755-4693		
	Name of	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a c	heck for th	ne following amount:			
□ \$25.00 Fil	ing 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)	
	ng Addres		Street Address:		
40	stration S		Registration S		
	sion of C Box 632	orporations 7	Division of Corporations The Centre of Tallahassee		
		L 32314		oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE JETSKI GUY OF NORTH F	L LLC	
(Name of the Lim	ted Liability Company as it now appears on our records (A Florida Limited Liability Company)	.)
<u> </u>	iability Company were filed on 03/11/2021	and assigned
lorida document number L21000117558	·	
This amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company here:	
ETSKI GUY OF NORTH FL LLC		
he 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 appli	cable:	··
Principal office address MUST BE A STREE		•-
The office and the object of t		
Inter 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, <u>enter t</u>	he name of the new register
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	DOMINICK FULCO IV	
New Registered Office Address:	13973 BRADHAM RD	
trem registered Office reducess.	Enter Florida street address	
	IACKSONVILLE	32226

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
P	DOMINICK FULCO	13973 BRADHAM RD	🗀 Add
		JACKSONVILLE, FL 32226	■Remove
			□ Change
P	DOMINICK FULCO IV	13973 BRADHAM RD	■Add
		JACKSONVILLE, FL 32226	
			□Change
			□Add
			Remove
			□Change
			Remove
			🗆 Add
			□Remove
			□Remove
			□Change

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fective date, if o	other than the date	of filing:	1 2 2 2	(op	otional)	: 030°
ote: If the date in	iserted in this block do	es not meet the ar	plicable statutory	or more than 90 days at Iling requirements, t	der filing.) Pursuant to 605 his date will not be list	ed as
ocument's effectiv	e date on the Departm	ent of State's reco	oras.			
record specifies a clis filed.	delayed effective date,	but not an effecti	ve time, at 12:01 a	m. on the earlier of:	(b) The 90th day afte	r the
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ated	ی ن	AQ	authorized representa			