La1000387-13a

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*SECRETARY OF STATE TALLAHASSEE, FL



COVER LETTER

TO: Registration 9 Division of Co			-		
JCKP Sol	lutions LLC				
Subject:					
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Penn Davis				
		Name of Person			
	JCKP Solutions LLC				
	***	Firm/Company			
	384 NE 94th St				
		Address	-		
	Miami Shores, FL 33138				
		City/State and Zip Code			
	jckpsolutions@gmail.com			202 SE(
	E-mail address: (to be used for future annual report n	otification)	ORE A	mang-a
For further information	concerning this matter, please c	all:		2024 NOV 18 SECRETARY TALLAHA	
Penn Davis		305 5884302 at ()		NSSER	7-
Name	of Person		ime Telephone Number	24 NOV 18 PM 5: 29 CRETARY OF STATE TALLAHASSEE, FL	Ĵ
Enclosed is a check for	the following amount:			111	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Contact (additional contact)	of Status &	
Mailing Addre	ess:	Street Address:	·		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

JCKP Solutions LLC			
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000387132</u>	ompany were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRI	ESS)		
		EC:	
		SECRETAR	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		10 C TO 1	
		E S S	
		30 7TF	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	ame of the new registered	
agent und/of the new registered vince and environment.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle Canero	384 NE 94th St Miami Shores, FL 33138	= Add
			□Remove
			□Change
	- 		□Add
			□Remove
			□Change
			SEC#
			JAID 18 SECRETAR PH 5:5
			☐ ☐ Add ☐ ☐ ☐ Remove
			□Change
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			□Remove
			□ Change
			□Add
			□Remove

_____ Change

Typed or printed name of signee