## 121000513974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NC

13

Office Use Only



800379123028



2111-22 TAS

2022 JAN 24 PH 1: 44

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: JK	Description Name of Limit	COCCOCA +	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Jean Name of Person	
		Firm/Company	
	1178 K	W 1147H ST Address	
	- Migmi, F	33168 City/State and Zip Code	<del></del>
	E-mail address: ()	to be used for future annual report notif	ication)
For further information cond	cerning this matter, please ca	all:	- 1
JOSON K	erson	at ( <u>786</u> ) <u>512 - 08</u> Area Code Daytime	: Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, 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 ARTICLES OF ORGANIZATION **OF**

JK ) Property Management
(Name of the Limited Liability Company as itnow appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 12/06/2021 and assigned Florida document number 12/000513974
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> :
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>	Address	Type of Action
	<del></del>		□Add
			Remove
			Change
		<del></del>	□Remove
			Change
	<del></del>		□∧dd
			Remove
			□ Change
			DAdd
		<del> </del>	□Remove
		- <del></del>	□Change
			□Add
			□Remove
			Change
	<del></del>		□Add
			□Remove
			□Change

## Page 2 of 3

11 (1)	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
•	
-	
-	<u> </u>
_	
•	
•	
F.664	the date of other than the date of filings.
Note:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
Dated	
	14aa )
	Signature of a member or authorized representative of a member
	Jason Jean
	Topo O Cor Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00