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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Q. SILAS				
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SECRETARY OF STATE
TALLAHASSEF, FI

COVER LETTER

TO: Registration So Division of Cor						
JMK PALM BEACH CONTRACTOR LLC						
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Mehdi Khachani					
	Name of Person					
	JMK PALM BEACH CO	NTRACTOR LLC				
Firm/Company						
	605 Lincoln Rd Suite 250					
	Address					
	Miami Beach FL 33139					
		City/State and Zip Code				
	mehdi@jmkpropertyinvesti		*/* '** '**			
		to be used for future annual report not	incation)			
For further information c	oncerning this matter, please c	all:				
Mehdi Khachani		305 607-6065				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne 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		<u>Street Address:</u> Registration Sc	ection			
Division of Corporations		Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

. . ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

FILED

JMK PALM BEACH CONTRACTOR LLC

company has been notified in writing of this change.

2022 HAR 16 PM 4: 50

•	ga Limited Liability Company)	TALLAHA	Y OF STATE ISSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on $\frac{01}{2}$	/26/2022	and assigned
Florida document number L22000046536	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u> </u>	 ,	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	ed office address on our ro	ecords, enter the m	ıme of the new registe
agent and/or the new registered office address here:		<u></u>	
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address: Enter Florida street address			
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Register	•		•
I hereby accept the appointment as registered agent		canacity. I further a	goree to comply with t
provisions of all statutes relative to the proper and	complete performance of	my duties, and I ar	n 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

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
MGR	Lanyon Heinemann	605 Lincoln Rd Suite 250	= Add
		Miami Beach FL 33139	Remove
			□Add
			□Remove
			□Change
 			□Add
			Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change