422000053719

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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJ:	ECT: JMK REI	MOLDING, LLC		
			ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
			Name of Person	
		Proc	essing Department	
			Firm/Company	
		1	l450 Vassar St	
			Address	
			Reno, NV 89502	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please c	all:	
		ing Department	at (800) 638-2320	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
② \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMK REMOLDING, LLC

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

(A Florida Limited Liability Company)

ZUZZ HAR - 8 AH 6: 06

s of Organization for this Limited Liability Company were filed on 02/01/22 RETARY OF STANGE

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The Articles of Organization for this Limited Liability C Florida document number <u>L22000053719</u>	Company were filed on O2/01/22 RETARY OF STANCASSIGNED TALL AMASSEE, FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
JMK R	EMODELING, LLC
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> <u>tress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 mana	ige, <u>enter</u>	the title,	name, and	address of	each person	being:	added
or removed from our records:							

or remov	ved from our records:	
	Manager = Authorized Member	

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
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n effe <u>ste:</u> l	re date, if other than the date of filing: N/A (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00