422 000078303

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Contilled Continue Contilled to the Continue
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUN 27 2027
A, LUNT

Office Use Only

900386994519

35.404-22 HOLDTO BOU ##25.00

SECRETARY OF TABLE

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			
Coral Ridge	e Gem, LLC		
SUBJECT:	Name of Lin	nited 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:	
	Kim Klotz		
		Name of Person	
		Firm/Company	
	707 N. Ocean Blvd.		
		Address	.
	Delray Beach, FL 33483		
	kklotz20@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
Peter Lindley		561 210-8604	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	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 Addres Registration S Division of C	Section orporations	<u>Street Address:</u> Registration Se Division of Cor	
P.O. Box 632	7	The Centre of T	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coral Ridge Gem, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp	any as it now appears on our	records.)
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	702
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{2/17/2022}{}$	and assigned
Florida document number L22000078303		
This amendment is submitted to amend the following:		是 6
A. If amending name, enter the new name of the limited lial	oility company here:	1
The new name must be distinguishable and contain the words "Limited Liab	Water to the state of the state	W10W 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
the new name must be distinguishable and contain the words. Limited Liab	mty Company, the designation	on "LLC" or the appreviation "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.	enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t address
		P1 1
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	.,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ree to act in this capacit e performance of my die	y. I further agree to comply with t ties, and I am familian 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 conf	irm 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kim Klotz (Add)	707 N. Ocean Blvd	≣ Add
		Delray Beach, FL 33783	□Remove
			□Change
AMBR	JAK FTL, LLC (Remove)	4775 Technology Way	□Add
		Boca Raton, FL 33431	■Remove
			☐ Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			Change
			
		· · · · · · · · · · · · · · · · · · ·	□Remove
			☐ Change
			□Remove
			□ Change

					
					٤.
				2022 #	
				# 24	12.4 19.1
				1	7
				AM 10:	Ç.,

				__	±
	 				
			_		
					
fective date, if other than the meffective date is listed, the date mus	date of filing:		(option	al)	
ote: If the date inserted in this blo	ock does not meet the ap	plicable statutory ti	r more than 90 days after h ling requirements, this c	ling.) Pursuant to 605.0 late will not be listed	0207 i d as t
ocument's effective date on the De	epartment of State's reco	ords.			
	The transfer of			m. 221 1 1	
ecord specifies a delayed effective is filed.	e date, but not an effecti	ve time, at 12:01 a.i	n. on the eartier of: (b)	The 90th day after	the
ated April 29	. 2022	·			
X	Dr 2	5.0			
	Signature of a member or	authorized Jenresentat	ive of a member		
	B	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ive or a memoer		

Filing Fee: \$25.00