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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Eiling Officer	
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COVER LETTER

TO:	Registration Section Division of Corporations	e ·
	JK Construction & Design , LLC	**
SUBJE	CT:Name of Limited Liability Company	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Kevin A. Kanaar	
	Name of Person	
	JK Construction & Design .LLC	
	Firm/Company	
	14269 Powell Road	
	Address	
	Spring Hill	
	City/State and Zip Code kevinkanaar@gmail.com	
	E-mail address: (to be used for future annual	report notification)
For furt	her information concerning this matter, please call:	
Kevin /	A. Kanaar 352 65	0-3909
	Name of Person Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:	
€ \$25	.00 Filing Fee S S30.00 Filing Fee & Certified Copy (additional copy is en	Certificate of Status &
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Ce 2415 N	ddress: cation Section on of Corporations entre of Tallahassee d. Monroe Street, Suite 810 assee, FL 32303

Remove JAMESROPP

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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JK Construction & Design , LLC	SEL.	11 " 1. V
(<u>Name of the Limited Liability</u> (A Florida L	SELES Company as it now appears on our records: Imited Liability Company)	LAHASSEE, FL
he Articles of Organization for this Limited Liability Cor	mpany were filed on <u>02/25/2022</u>	and assigned
orida document number L22000100192	e.	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
ne new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C"
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRE</u>	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	office address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 amouding 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
AMBR	James R. ORR	10028 Preston Road Brooksville , Fl. 34601	□ Add
	Remove \$*		
			Remove
			□Change
			□Remove
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			[]Add
			□Remove
			□Change
			🗆 Add
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Effective immediately : No longer an o	office or Ownership of JK constr	uction Design , LLC	
please remove from LLC			
			
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tive date, if other than the date of (filing: ASAP	(option	nal)
fective date is listed, the date must be specified the date inserted in this block does	ie und carator de prien to date of ining	or more than 90 days after fi	ling.) Pursuant to 605.
nent's effective date on the Department			
	e - 12.01		Th. 00th day of the
rd specifies a delayed effective date, bu îled.	A not an effective time, at 12:01 a	i.m. on the eartier of: (b)	The 90th day after
T, 19th	2 22		
July 29		2	
+	1		
Consenting	of a member or authorized represent	ative of a member	

Filing Fee: \$25.00