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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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03/28/23--01018--009 \*\*30.00



Y. SCOTT MAY 15 2023

## **COVER LETTER**

| TO: Registration Section Division of Corporations   | -            |
|---|--------------|
| SUBJECT: JHK Enterprise, 22  Name of Limited Liability Company  |              |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |              |
| Please return all correspondence concerning this matter to the following:   |              |
| Juliette Henry Kersaint   |              |
| Firm/Company  | 2022 MAD     |
| STOD ISTAND DWE   | 0 28 PM      |
| lamavac FL 33319  | .)<br>)<br>) |
|   |              |
| For further information concerning this matter, please call:    Sullette   Heary Kersein f at (Sol.)   108-3803     Name of Person   Name of P  |              |
| Enclosed is a check for the following amount:   |              |
| □ \$25.00 Filing Fee  □ \$55.00 Filing Fee  □ \$60.00 |              |
| Mailing Address:  Registration Section  Street Address:  Registration Section   |              |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ,  |  |
|--|--|
| The Articles of Organization for this Limited Liability Company v  | v as it now appears on our records.) ability Company) were filed on 06/07/2022 and assigned  |
| 1 77 800 2906911   |  |
| Florida document number <u>1 22000 290694</u>  |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |
| A. If amending name, enter the new name of the infinite trade.  The new name must be distinguishable and contain the words "Limited Liability Inches the contain t | ity Company," the designation "L.L.C." or the abbreviation "L.L.C."  |
|  | 5/02 15/and club DR  |
| Enter new principal offices address, if applicable:  | 0/00/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0   |
| (Principal office address MUST BE A STREET ADDRESS)  | Tamarac, FL 33319  |
|  |  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
| (Mailing address MAT BE AT 031 0111 and 049  |  |
|  |  |
|  | e a  |
| B. If amending the registered agent and/or registered office   | address on our records, enter the name of the new registered   |
| agent and/or the new registered office address here:   | 200 <b>123</b>   |
| apent and of the new regard  |  |
|  |  |
| Name of New Registered Agent:  |  |
|  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | Emiler Prior tetti state Comments (Program Comments Comme |
|  |  |

## 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.

City

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  |
|--------------|----------------|------------------------------|---|
| <u>AMBR</u>  | EVERS KERSOINT | 100 PO BOX 907               | _ [Lindu  |
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| ective date, if other than the date of filing:  | (optional)   |
| effective date is listed, the date must be specific and cannot be prior to date of filin tee. If the date inserted in this block does not meet the applicable statutory | ig or more than 90 days after filing.) Pursuant to 605.020 |
| nument's effective date on the Department of State's records.   | y thing requirements, this trace will not be fished a      |
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| cord specifies a delayed effective date, but not an effective time, at 12:01  | a.m. on the earlier of: (b) The 90th day after the         |
| s filed.  | ·  |
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Filing Fee: \$25.00