## Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2109 JK INVESTMENTS, LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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· (((H220003571483)))

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan	v were filed on 9/7/22	and assigned
Florida document number L22000391379	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
2190 JK Investments, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "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 recor	ds, enter the name of the new registe
	address on our recor	ds, enter the name of the new registe
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	e address on our recor	· · · · · · · · · · · · · · · · · · ·
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Name of New Registered Agent:  New Registered Office Address:	Enter Florido si 	reet address , Florida
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:	Enter Florida si City	reet address , Florida Zip Code
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	Enter Florida si  City  t:  ree to act in this capa e performance of my e provided for in Chap	reet address, Florida Zip Code wity, I further agree to comply with the duties, and I am familiar with and ter 605, F.S. Or, if this document is
Name of New Registered Agent:  New Registered Office Address:	Enter Florida si  City  t:  ree to act in this capa e performance of my e provided for in Chap	reet address, Florida Zip Code wity, I further agree to comply with the duties, and I am familiar with and ter 605, F.S. Or, if this document is
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	Enter Florida si City tree to act in this capa te performance of my of provided for in Chap e address, I hereby co	reet address, Florida Zip Code wity, I further agree to comply with the duties, and I am familiar with and ter 605, F.S. Or, if this document is

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If amending Authorized Person(s) authorized to	manage, enter the title.	, name, and address of each pe	rson being added
or removed from our records:	• •		

MGR = N $AMBR = A$	lanager Authorized Member		
Title	Name	Address	Type of Action
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			□Remove
			Change
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			□Remove
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