L23000377875

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (110 | questor s manney | |
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | dress) | |
| (| | |
| | | |
| (Cit | ty/State/Zip/Phone | #) |
| _ | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (0. | | |
| (Bu | siness Entity Nam | ie) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| ocitifica oopies | | 0.0000 |
| | | |
| Special Instructions to | Filing Officer; | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600416180616

29/22/25--01014--020 **25.00

2023 SEP 22 PM 3: 09



COVER LETTER

| | gistration Sect ision of Corpo | | | • | • |
|--------------------|-----------------------------------|---|---|----------------------|---|
| SUBJECT: | JNKO Solutio | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | i Articles of Ar | mendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspond | lence concerning this matter | to the following: | | |
| | | Kevin Olivo | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 6820 Armand Drive | | | |
| | | | Address | | |
| | | Tampa FL 33634 | | | |
| | | JNKOsolutionsllc@gmail.co | City/State and Zip Code | | |
| | | | to be used for future annual | report notification) | |
| For further in | nformation con | cerning this matter, please ea | all: | | |
| Kevin Olivo | | | 813 45 at () | 19851 | |
| | Name of P | erson | Area Code | Daytime Telepho | one Number |
| Enclosed is a | check for the | following amount: | | | |
| ■ \$25.00 F | Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Ma</u> | iling Address: | | Street A | ddress: | |

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

| iability Company as it now appears on our records.) lorida Limited Liability Company) |
|---|
| ity Company were filed on August 11, 2023 and assigned |
| ng: |
| e limited liability company here: |
| "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| : |
| DDRESS) |
| 202 |
| 7073 SEP |
| |
| <u></u> N |
| * |
| |
| tered office address on our records, enter the name of the new regiserc: |
| |
| Enter Florida street address |
| PL da. |
| , Florida |
| |

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 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 |
|-----------------|-------------|-------------------|-----------------|
| MGR | Noel Olivo | 10903 Landon Lane | |
| | | Tampa FL 33635 | ≡ Remove |
| | | | ☐Change |
| MGR Kevin Olivo | Kevin Olivo | 6820 Armand Drive | ≡Add |
| | | Tampa FL 33634 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | - | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Chamaa |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated September 20 2023 ignature of a member or authorized representative of a member Kevin Olivo Typed or printed name of signee