L2400006192H

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusings Fath Maus)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT: Jimco Kahv		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Josselyn Gonzalez		
		Name of Person	
	Marlowe McNabb Machni		
		Firm/Company	
	5348 W. Kennedy Blvd.		
		Address	
	Tampa, FL 33609	City/State and Zip Code	
	josselyn@marlowemcnabb.		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	nH:	
Josselyn Gonzalez		at (813) 251-3013	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations

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

Jimco Kanwa I, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000061924</u> .		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	4980 38th Ave N	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33705	
	- -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registere
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 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
			□ Adđ
			□Remove
			□ Change
			
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Iffective date, if other than the date of filing:		nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Fan 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date of the earlier of: (b) The 90th day after the dis filed. The effective date of a member or authorized representative of a member.	_		
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Filing Fee: \$25.00