Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number: I20230000190 Phone

: (844)449-3624

Fax Number

: (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JK226 SOLUTIONS LLC

Certificate of Status	0
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APR 17 2025

Electronic Filing Menu

Corporate Filing Menu

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To:

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## 2025-04-17 03:53:07 UTC+14 18506176383 AKTICLES OF AMENDMENT TO

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From: ZenBusiness User

## ARTICLES OF ORGANIZATION OF

JK226 solutions LLC (Name of the Limited Liabifity Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/04/2024}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8842 Isla Bella Dr Enter new principal offices address, if applicable: Orlando, FL 32818 (Principal office address MUST BE A STREET ADDRESS) 8842 Isla Bella Dr Enter new mailing address, if applicable: Orlando, FL 32818 (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address:

## 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

Enter Florida street address

, Florida

Page: 3 of 4 2025-04-17 03:53:07 UTC+14 18506176383 From: ZenBusiness User in amending Authorized Person(s) authorized to manage. enter the time, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

or removed from our records:

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Kimberly Shawn Bowden	8842 Isla Bella Dr	
		Orlando, FL 32818	□Remove
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				H25000138823 3
D. If ame	nding any other inform	ation, enter change(s) here: (Attach ac	lditional sheets, if necessary	.)
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E. Effecti	ve date, if other than th	e date of filing:  st be specific and cannot be prior to date of filing	(optional)	
(if an eff <u>Note:</u>	ective date is listed, the date un If the date inserted in this b	ist be specific and cannot be prior to date of filing lock does not meet the applicable statutory	or more than 90 days after filing.) Filing requirements, this date v	Pursuant to 605,0207 (3)(b) will not be listed as the
		Department of State's records.	• ,	
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record is fil		ve date, but not an effective time, at 12:01 a	a.m. on the earlier of (b) - (ne	sourcay and ma
	April 16th	2025		
Dated		. 2025		
	/s/ Kimberly Shawn	Bowden		
		Signature of a member or authorized represent	tative of a member	<del></del>
	Kimberly Shawn Bowe	den		
	**************************************	Typed or printed name of sign	 1ee	

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