# L24000188648

(Re	questor's Name)	
(Ad	dress)	. <u>.</u>
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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07/31/24--01024--008 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JKK Construction  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:
Sanyel Conzalez Oliva
Firm/Company
6820 Pershing St
Holly was FL 33024  City/State and Zip Code  jangel Glos & Gahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janyol Gonzalby Oliva at (786) 554-5357  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability (A Florida L	Company as it now appears on o climited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>LZ40001886</u>	mpany were filed on <u>04/</u> 24/8	22/2024 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			,
(Principal office address MUST BE A STREET ADDRE	<u></u>		
		SECREAN JUL	
Enter new mailing address, if applicable:		- CO	
(Mailing address MAY BE A POST OFFICE BOX)		1973 1973 1973 1973	
		99 J.	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	is, enter the name of the new registe	red
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet 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
<u>AMB</u> P	Sangal	<u>Conzal</u> oz l	1/109	6,720	porshing st	DAdd
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						Change
2	Sangel Gon	ogles Oliva	6820 F	Pershinas'	133024	□Add
			Holl	rwows	FL	C4Remove
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f an effe <u>Note:</u>	ve date, if other than the date of filing: 7/26/2024 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore d is fil	d 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 ed.
	7/26/2024
Dated .	1
Dated <sub>.</sub>	Signature of a member or authorized representative of a member  Sanyll Consolor Oliva  Typed or printed name of signee

Filing Fee: \$25.00