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Special Instructions to F	fling Officer:	
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Office Use Only



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CL 812 2012.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMKI'S L	I.C		
SUBJECT: 27	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Ileana Morales		
		Name of Person	
	JAMKI'S LLC		
		Firm/Company	
	7965 NW 20 STREET		
		Address	
	PEMBROKE PINES FLO	RIDA. 33024	
		City/State and Zip Code	
	ILEANATAPIA62@GMA		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
ILEANA MORALES		at (305) 2983394	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration and Division of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMKI'S LLC

2024 277, 26 7.1. 7: 33

(Name of the Limited Liability 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 06/24/2024	and assigned
Florida document number L24000284792		
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	ity Company," the designation "LLC" or	r 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 agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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
MGR	ILEANA MORALES	7965 NW 20TH STREET, PEMBROKE PINES FL	<u>33'</u> ■ Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□Remove
			□ Change

Dated 7/82/8034 Clause Males Signature of a member or authorized representative of a member	. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (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 Mote: 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. 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 rord is filed. Dated Thurst Manager Signature of a member or authorized representative of a member.		
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Signature of a member or authorized representative of a member	Dated	7/02/0024
Signature of a member or authorized representative of a member	Dated	- leana morales
Them need Thank Marales	_	
Typed or printed name of signee		Themneral Ilama Morales