

LO7000115881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

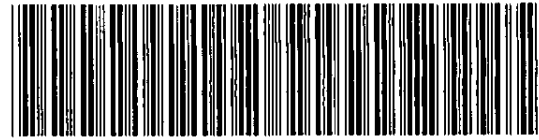
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 28 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2825 SW PORT ST. LUCIE BLVD., LLC
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:

STACEY-ANN WHYTE
Name of Person

M.F. & ASSOCIATES, INC.
Firm/Company

8409 N. MILITARY TRAIL, #119
Address

PALM BEACH GDNS, FL 33410
City/State and Zip Code

STACEY@MFANDASSOCIATESINC.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

STACEY-ANN WHYTE at **561 691-1100**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2825 SW PORT ST. LUCIE BLVD., LLC

(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 11/15/2007 and assigned Florida document number L07000115881.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JKR MANAGEMENT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2825 SW PORT ST. LUCIE BLVD.

PORT ST. LUCIE FL 34953 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1362 DAKOTA DRIVE

JUPITER FL 33458 US

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TALLAHASSEE FLORIDA

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: _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

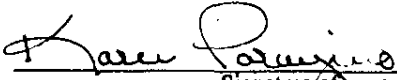
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

SEC. SECRETARY OF STATE
 TALLAHASSEE FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 14, 2013



Signature of a member or authorized representative of a member

KAREN PARANZINO

Typed or printed name of signee