L01000006282

(Requestor's Name)	•
(Address)	
(Address)	•
(City/State/Zip/Phone #)	•
(Only/Otale/21p/) Holle #/	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	•
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COVER LETTER

TC	D: Registration S Division of Co			
C1		PERTIES, L.L.C.		
Su	врест:		ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all corresp	ondence concerning this matter	to the following:	
		HEIDI PRENDES		
			Name of Person	
		A± MINI STORAGE		
			Firm/Company	
		12200 SW 117TH AVE	Firm/Company Address	
			Address	
		MIAMI. FL 33186		
		HPRENDES@APLUSMIN	City/State and Zip Code LCOM	ification)
		E-mail address: (t	to be used for future annual report noti	fication)
Fo	r further information (concerning this matter, please ca	all:	
111	EIDI PRENDES		305 232-7198 ai ()	
	Name (of Person	Area Code Daytim	e Telephone Number
En	closed 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 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 ARTICLES OF ORGANIZATION **OF**

FILED

BKJ PROPERTIES, L.L.C.		2020 JUL 15 PP 21 43
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	Company) CALLY FLURIDA and assigned
he Articles of Organization for this Limited I	ciability Company were t	iled on 04/24/2001 and assigned
lorida document number L01000006282		
his amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability co	mpany here:
he new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICI		
 If amending the registered agent an egistered agent and/or the new registered. 	d/or registered office a office address here:	ddress on our records, enter the name of the
Name of New Registered Agent:	STEVEN H. NATUR	MAN
Name of New Registered Agent:	STEVEN H. NATURN 9500 S. Dadeland Blve	
Name of New Registered Agent:		ł. Suite 601

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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Remove
			☐ Change
			□ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change

	11° - 12° -
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	July 3 2019

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Filing Fee: \$25.00