

L020000027802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

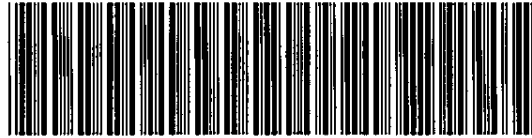
(Document Number)

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06/02/14--01054--006 **35.00

FILED
14 JUN 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2014

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KJR Real Estate Holdings LLC

DOCUMENT NUMBER: L02000027802

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Ragain

Name of Contact Person

Ragain Financial

Firm/ Company

28100 Bonita Grande Dr. Suite 103

Address

Bonita Springs, FL 34135

City/ State and Zip Code

cragain@ragainfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Carlin

Name of Contact Person

at (239)

948-0314

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



28100 Bonita Grande Dr.
Suite 103
Bonita Springs, FL 34135

239.948.0314 | ragainfinancial.com

June 18, 2014

Amendment Section
Division of Corporations
Attn: Teresa Brown
PO Box 6327
Tallahassee, FL 32314

Re: KJR LLC Ref #L02000027802

Ms. Brown:

We are in receipt of your letter dated June 11, 2014 requested different paperwork for KJR LLC and a missing signature. Please find enclosed with this letter, the corrected paperwork for a limited liability corporation as well as signature on line 9 of the reinstatement form.

Please proceed with this filing. Any questions can be directed to myself at 239-948-0314 or by email at scarlin@ragainfinancial.com.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Sara Carlin", with a stylized flourish at the end.

Sara Carlin
Vice President, Ragain Financial Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

CHRISTOPHER RAGAN
RAGAIN FINANCIAL
28100 BONITA GRANDE DR STE 103
BONITA SPRINGS, FL 34135

SUBJECT: KJR, LLC
Ref. Number: L02000027802

We have received your document for KJR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The reinstatement form must be signed by the registered agent on Line 9. The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 814A00012600

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

FILED
14 JUN 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KJR, 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 10-21-2002 and assigned
Florida document number L02000027802

This amendment is submitted to amend the following:

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

KJR Real Estate Holdings 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)

28100 Bonita Grande Dr

Suite 103

Bonita Springs, FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28100 Bonita Grande Dr

Suite 103

Bonita Springs, FL 34135

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:

Chris Ragain

New Registered Office Address:

28100 Bonita Grande Dr. Suite 103

Enter Florida street address

Bonita Springs

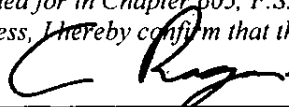
City

Florida 34135

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:


MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Watson	19865 Markward Crossing	<input type="checkbox"/> Add
		Estero, FL 33928	<input checked="" type="checkbox"/> Remove
MGR	Robert Watson Trust	2424 College Road	<input checked="" type="checkbox"/> Add
		Southaven, MS 38672	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 16th, 2014



Signature of a member or authorized representative of a member
Christopher Ragain

Typed or printed name of signee