

L05000051432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

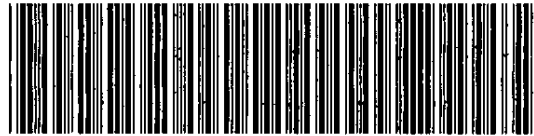
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407 616-7490
08 JUL 25 AM 8:39
FALL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. Tadlock JUL 25 2008

FF \$25

\$25

Fax

TO: Brenda Tadlock

Fax Number: 850-245-6030

Date: 7/24/08

122 Annie St
Orlando, FL 32806
407-843-2811
407-849-0082
hole-in-one@cfl.rr.com

From: Joleen Chapman

Number of pages including cover: 4

Regarding: LLC name change

Brenda,

Please let me know if there is anything else you require. Thanks for your help with this.

Joleen Chapman

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JKC 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:

Joleen Chapman / Richard Kent Chapman

(Name of Person)

(Firm/Company)

122 Annie Street

(Address)

Orlando, Florida 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

Joleen Chapman

(Name of Person)

at (407) 616-7490

(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**

JKC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

08 JUL 25 AM 9:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on May 18, 2005 and assigned
Florida document number ~~20-0182452~~ L05000051432

This amendment is submitted to amend the following:

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

JKC1 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

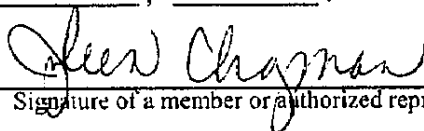
MGR = Manager

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
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			<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Joleen Chapman

Typed or printed name of signee