

LD6000083788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

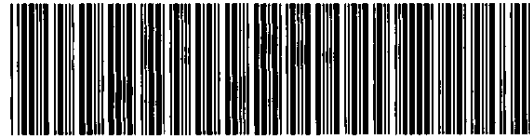
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

AUG 27 2010

**EXAMINER**



900184008629

08/25/10--01019--016 \*\*30.00

FILED  
10 AUG 25 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GUTTENMACHER & BOHATCH, P.A.**

**ATTORNEYS AT LAW**

JOHN S. BOHATCH  
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KATALINA PEÑARANDA  
ERIC SATIN\*

PRACTICE LIMITED TO  
PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

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PLEASE REPLY TO:  
SOUTH MIAMI

August 23, 2010

VIA U.S. CERTIFIED MAIL

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: JKL Duck Avenue, LLC**

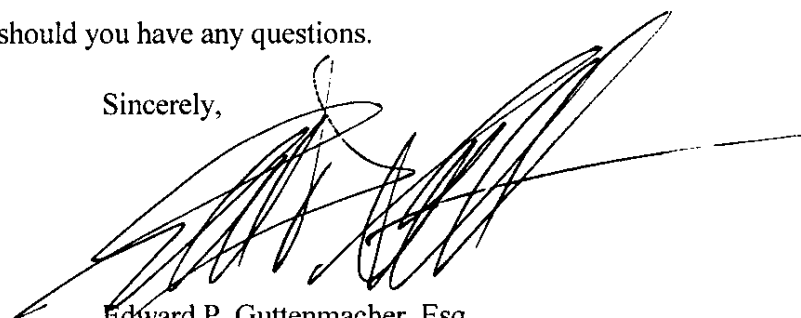
To Whom It May Concern:

Attached please find the Articles of Amendment to Articles of Organization of JKL Duck Avenue, LLC together with a check in the amount of \$30.00 to process the Amendment of the above mentioned entity. Once the Amendment is processed, please send me a Certificate of Status in the stamped enclosed self-addressed envelope provided for your convenience.

I have also enclosed a copy of this letter. Please have it date-stamped and return it to me in the second stamped self-addressed envelope provided for your convenience.

Please feel free to contact me should you have any questions.

Sincerely,



Edward P. Guttenmacher, Esq.

EPG/kgs  
Encl.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JKL Duck Avenue, 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:

Karen A. Lockwood  
Name of Person

Firm/Company

34 Allamanda Avenue  
Address

Key West, Florida 33040  
City/State and Zip Code

Karen@lockwood.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Lockwood at ( 305 ) 240-1173  
Name of Person Area Code & Daytime Telephone Number  
305 304-5239

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**

JKL Duck Avenue, 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 08/24/2006 and assigned  
Florida document number L06000083788.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

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.*

N/A

**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:

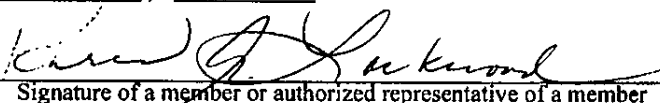
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Maloy Lockwood, as Trustee of The John Maloy Lockwood Living Trust, dated April 10, 2006, as amended.	34 Allamanda Avenue Key West, FL 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Karen A. Lockwood, as Trustee of The Karen A. Lockwood Living Trust, dated April 10, 2006, as amended.	34 Allamanda Avenue Key West, Florida 33040	<input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 26 - 2010, \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Karen A. Lockwood, MGRM  
Typed or printed name of signee