

L06000115396

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TALLAHASSEE, FLORIDA

05/13/16--01016--023 **55.00

MAY 17 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: south florida management services 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:

Kathleen Komorek
Name of Person
Firm/Company
12001 NW 27th Ct
Address
PLantation FL 33323
City/State and Zip Code
kkomorek828@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Komorek 954: 258-9781
at ()
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**

South Florida Management Services, 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 12/01/2006 and assigned Florida document number L06000115396.

This amendment is submitted to amend the following:

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

KJE Renovations, LLC

The new name must be distinguishable and contain 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)

12001 NW 27th Ct

PLantation FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12001 NW 27th Ct

Plantation FL 33323

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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: Joseph Engelhardt

New Registered Office Address: 12001 NW 27th Ct

Enter Florida street address

PLantation

City

Florida 33323

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
P	Kathleen Komorek	12001 NW 27th ct	<input type="checkbox"/> Add
		Plantation FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T	Kathleen Engelhardt	12001 NW 27th Ct	<input checked="" type="checkbox"/> Add
		Plantation Fl 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Joseph Engelhardt	12001 NW 27th Ct	<input checked="" type="checkbox"/> Add
		Plantation FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 30, 2016

Handwritten signature of Joseph P Engelhardt

Signature of a member or authorized representative of a member

Joseph P Engelhardt

Typed or printed name of signee

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