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DIVISION OF CORPORATIONS

T, HAMPTON

MAY 2 0 2009



COVER LETTER

TO:	Registration Section Division of Corpor									
SUBJ	ECT:	KJO PROPE	eetles, LLC							
(Name of Limited Liability Company)										
The er	nclosed Articles of Am	endment and fee(s) are sub	mitted for filing.							
Please	return all corresponde	nce concerning this matter	to the following:							
	_	KARI	(Name of Person)							
			(Name of Person)							
	-		(Firm/Company)							
	_	3610 Na	(Address) (City State and Zip Code)							
			(Address)							
	_	GAINESVI	The PP 32609							
			(City/State and Zip Code)							
For fu	rther information conc	erning this matter, please ca	all:							
	KARI R. (Name of Pe	Wens Le	at (<u>352) 2/4-6</u> (Area Code & Daytime T	2337 Celephone Number)						
Enclos	sed is a check for the fo	ollowing amount:								
\$ \$2:	5.00 Filing Fee C	1\$30.00 Fiting 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

N-O	PH			
(Name of the Limited)	Liability Company Florida Limited Lia	as it now appears bility Company)	s on our records.)	
N-O (Name of the Limited I) (A) The Articles of Organization for this Limited Lia Florida document number $\angle 0700001$ This amendment is submitted to amend the follow	ability Company w 1し30	ere filed on \sqrt{P}	ANU AMJ 31,	2007 and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here	2:	
KJO PROPERTION The new name must be distinguishable and end with	es.LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble: " <u>ADDRESS)</u>	3610 N Epine	E 32609	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	30X)			
B. If amending the registered agent and/or registered agent and/or the new registered offi	ice address here:			
Name of New Registered Agent:	KAR	I R. Owe	NS IR	
New Registered Office Address:	3610	NW 16	ter Florida street o	oddress)
	Gaines	TILL (City)	, Florida _	iddress) 32609 (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, thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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>	Name	Address	Type of Act	<u>on</u>
MGR	KARIR. OWENS JE	1203-BNW rest AVENUE GOINESVIILE, FL 32601	Add Remove	
<u>MGR</u>	Ed Newmans	1203-B MW 16 AVENUE GOINESVIIIE, FL 32601	Add Remove	
RA	Phil S. Witeka	537-3 NE STSTREET GOINESVIIIE, EL 32601	Add Remove	
RA	KARL R. OWENS JL	3610 NW 166 AVENUE GJINGSVITTE, FL 32609	Add Remove	
MGR	JAMET C. OWENS AS TRUSTER OF JANET G. OWENS DECLARATION OF TRUST	3610 NW 166 AVENUE GAINESVILLE, FL 32609	Add Remove	
	DATED AUG 20, 7004		Add Remove	
D. If ame	ending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)		
- - - Dated	MAY 13, 2000 Aut b. C. Spenature of a member of	2. ·	O9 MAY 19 PM 1:52	SECRETARY OF STATE
	JANOT H. DUDNS " '	orinted name of signee Page 2 of 2 Declaration OF The		