

L07000060179

(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



500156058555

05/20/09--01012--002 \*\*25.00

FILED

09 MAY 20 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 21 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BJK HOLDINGS, 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:

**JAMES M KERNAN**

Name of Person

**BJK HOLDINGS, LLC**

Firm/Company

**1087 GREYSTONE LANE**

Address

**SARASOTA, FL 34232**

City/State and Zip Code

**siestakeydecor@aol.com**

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

**FILED**  
09 MAY 20 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**JAMES M KERNAN**

Name of Person

at ( 941 ) 349-3276

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**

**FILED**  
09 MAY 20 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BJK HOLDINGS, 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 06/07/2007 and assigned  
Florida document number L07000060179.

This amendment is submitted to amend the following:

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

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)

8466 N. LOCKWOOD RD  
SARASOTA, FL 34243

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: JAMES M KERNAN

New Registered Office Address: 1087 GREYSTONE LANE

*Enter Florida street address*

SARASOTA, Florida 34232

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES M KERNAN	1087 GREYSTONE LANE SARASOTA, FL 34232	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BETTY J KERNAN	1087 GREYSTONE LANE SARASOTA, FL 34232	<input type="checkbox"/> Add <input checked="" 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

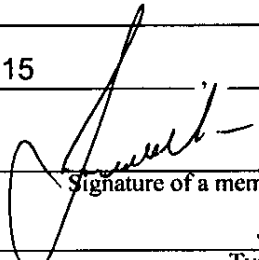
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED

09 MAY 20 PM 2:05

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Dated MAY 15, 2009

  
Signature of a member or authorized representative of a member

**JAMES M KERNAN**  
Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**