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SECRETARY OF STATE
ALLAHASSEE FINESE

A. LUNT

FEB - 6 2008

EXAMINER

# **COVER LETTER**

Division of Corporations					
SUBJECT: SK Rea Estate Group LLC (Name of Limited Liability Company)					
in the manager was the property of the first of the control of the					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Geoff Koch  (Name of Person)  Koch Properties Corp  (Film/Company)  LAHARY OF STARR (Address)  Jacksonville Blach, FL 32250  (City/State and Zip Code)  RECRETARY OF STATE  (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Person)  at (904) 233 8208  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,					
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  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

SK R	leal Estate	Group 1	LC				
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now ida Limited Liability Com	appears on our a	ecords.)				
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed o	on 8/28	12007	and assigned			
This amendment is submitted to amend the following			SECRETAR) TALLAHASSI	2009 FEB			
A. If amending name, enter the new name of the			Y OF	- m			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability	Company," the d	esignation "	LESC" or the abbreviation			
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:	Koch Prope	x hes Co	rp				
New Registered Office Address:	1307 2nd S			Idross)			
	Jacksonville	Beach	Florida	32250			
<del>-</del>	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mbrm	Geoff Koch	1307 2nd Street North Jacksonnik Beach, FE 3225	Add Remove
MGRM	Koch Properties Corp	1307 2nd street North Jacksonville Beach, Fe 32250	Add Remove
<del></del>			Add Remove
		<u> </u>	Add Remove
		SSEE FL	Add Regreeve
		)RIE I	Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	) 
_			<u> </u>
			·············
Dated	ebnary 1st 2		
		ber or authorized representative of a member	<del></del>
	<u>Geaff</u> Typ	- Koch ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00