

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000214974 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS Account Number: 076077000355

Phone : (813)223-7000 Fax Number : (813)229-4133

C AMND/RESTATE/CORRECT OR M/MG RESIGN

JJK & CMK FAMILY MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

https://efile.sunbiz.org/scripts/efilcovr.exe

SEP 1 6 2008

9/15/2008



JJK & CMK Family Management, LLC

Page: 2/6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Lia	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Con	mpany were filed on September 8, 2008	and assigned	
Florida document number L08000085024			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed Bability company here:		
CMK & JJK Family Management, LLC			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "I.I.	C" or the abbreviation	
Enter new principal offices address, if applicable:		<u> ₹</u> £ 8	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
		## F	
		SER IS	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		RA CO	
		7	
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	(Zip Code)	
New Bacistered Acestic Company of charging Backtoned	A		

New Registered Agent's Signature, if changing Recistered Apont;

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 Champing 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:

<u>e</u>	Name	Address	Type of Action
			Ađd Remove
			Add Remove
			Add Renove
			Aød Remove
_			Add Remove
			Add Remove
famend	ing any other information, eater chang	e(s) here: (Attach additional sheets, if necessary.)	

			_
d <u>Septen</u>	Alian 6	0101	_
		or authorized representative of a member	
	Charles M. Kelsey, Jr., s Typed	ole member or printed name of signee	<u>}</u>

Page 2 of 2

Filing Fee: \$25.00

CHETARY OF STATE