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11/10/11--01016--017 **25.00

FILED 11 NOV 10 PM 12: 32 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CKC PROPERTY 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:				
Jeanette Kyszlyk Name of Person				
Che Property Holdings LLC				
7400 TAMIAMI TRAI North #102				
City/State and Zip Code Jeanette KyszlyKO Cob Can. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jeanette Kuszlyk at (239) 566-6051 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Solonomial Solono Filing Fee & Certificate of Status}\$ \$55.00 Filing Fee \$\ \text{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

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	OF	11 NOV LO DULO
C100 00 1 11	11.	10 10 112:32
· CKC PRoperty M	oldings LLC	SECRETARY OF STATE
(A Florida I	Company as it now appears on Limited Liability Company)	our recordaly OSEE, FLORIDA
•	ر سی	1-100
The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>LO9000464</u>	<u>0 4</u>	,
This amendment is submitted to amend the following:		
u u		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," t	he designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist		ecords, enter the name of the nev
registered agent and/or the new registered office addi	ress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
-	City	Zin 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 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 = I	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	S Jeanette Kuszlyk	7400 Tomismi Trail North #10 Naply El 34108	<u>52</u>
MGR	Frane He Knszlyk	7400 Tamiami Trail North the	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)	FILED 11 NOV 10 PM 12: 32 SECRETARIZE FLORIDA
Dated	11/9 , 201	 	-
	BRIAN E CObb	rauthorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00