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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

J & K Acquisitions 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:

Kelly Fuller

Name of Person

J & K Acquisitions LLC.

Firm/Company

2557 Hunley loop

Address

Kissimmee, Fl. 34743

City/State and Zip Code

Fullerkelly@aol.com

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

For further information concerning this matter, please call:

Kelly Fuller

407,466-4258

Name of Person

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

J & K ACQUISITIONS LLC. (Name of the Limited Liability Compa	ny as it now annears on our records	:)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	Liability Company)	<i>≟)</i>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000099541</u>	were filed on 10/14/2009	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
KMF Acquisitions LLC.			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designati	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	KMF Acquisitions LLC.	AED SE	
(Principal office address MUST BE A STREET ADDRESS)	2557 Hunley loop	SSR	
	Kissimmee, Fl. 34743	Tien as IT	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		STATE FLERIDA	
Manny unit ess Mill BETTT 651 61 THEE BOTT			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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 = Managing Member **Title** <u>Name</u> Address Type of Action Remove Remove Remove Remove Remove

ending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
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9/5, 2013.	
Suprature of a member or authorized representative of a member	
Typed or printed name of signee	
Page 3 of 3	
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	Agnature of a member or authorized representative of a member Kelly Fuller Typed or printed name of signce

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