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MAY 1 6 2017 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

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TO: Registration Division of C	
SUBJECT:	KRIS PROPERTIES, LLC Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	RRISTEN M. Kerrigan Name of Person KRIS Properties, LLC Firm/Company 13650 Fidolesticks Blvd Box 202-3807 Address FORT Myers, Florida 33917 City/State and Zip Code Rshaffner egmail-com E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
RICK C	Shaffner at 239, 284-6101
Name Enclosed is a check for	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa) (A Florida Limited L		records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $8 - 2$	24.10	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbrev	ation "LEC" FO
Enter new principal offices address, if applicable:	****	/	
(Principal office address MUST BE A STREET ADDRESS)		/	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PH 3: 11
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	uddress	·
	Buch i inida sired	_, Florida	
	City		ip 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	TODO K. Kerrigan	13650 FIDDLESTICKS B	AND - Add
		Box 202.387	Pemove
		13650 FIDDLESTICKS B BOX 202.387 Fort Myers FlA 3.	39/ <u>2</u> □ Change
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Filing Fee: \$25.00