## L11 0000 07179

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	Registrati Division o			* * * * * * * * * * * * * * * * * * *	
SUBJEC	CKF	Investm	ent Properties, LLC		
SUBJEC	JI;		Name of Lim	ited Liability Company	
The encl	osed Articl	les of Aı	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all co	rrespond	lence concerning this matter	to the following:	
			Christopher K Funk		
				Name of Person	
			CKF Investment Properties	s LLC	
				Firm/Company	
			5711 Richard St Suite 1		
				Address	
			Jacksonville, FL 32216		
				City/State and Zip Code	
			leslie.adamson@investment		
			E-mail address: (	to be used for future annual report not	ification)
For furth	ner informa	ttion con	cerning this matter, please ca	all:	
Christop	oher K Fun	ık		904 517-5939 at ( )	
	N	Name of P	Person		ne Telephone Number
Enclosed	d is a check	k for the	following amount:		
\$25.	.00 Filing F	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

(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our rented Liability Company)	ecords.					
The Articles of Organization for this Limited Liability Com Florida document number <u>L11000007179</u>	pany were filed on 1/14/2011		_ and ass	igned			
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited	liability company here:						
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbre	viation "L.	L.C."	-		
Enter new principal offices address, if applicable:		<del> </del>			_		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>				-		
		3.00			-		
		No. 1995 President President	ଫ				
Enter new mailing address, if applicable:			<u> </u>				
(Mailing address MAY BE A POST OFFICE BOX)		187 20		200	_ `		
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B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, enter th	e näme	of the	<u>nev</u>		
Name of New Registered Agent:					_		
New Registered Office Address:	Enter Florida street d	address			-		
	, Florida						
	City	_, r wilua	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher K Funk	1661 Riverside Ave #117	
		Jacksonville, FL 32204-4024	_ □ Remove
			☐ Change
MGRM	Carter T Funk Jr	4045 Cordova St	
		Jacksonville, FL 32207	□ Remove
			Change
			☐ Remove
			Add or
			□ Remove
			□ Add
			Remove
			☐ Change
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			□ Change

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n effective date is liste ste: If the date inse	d, the date must be spec rted in this block doe date on the Departme	cific and cannot less not meet the	be prior to da applicable	ate of filing o statutory fi	r more than 90 ling requiren	days after filir	ig.) Pursuan	it to 605 be liste	.0207 2d as
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Typed or printed name of signee

Filing Fee: \$25.00