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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	K & J'	s The Value of mitted Liability Company	Stop	
The enclosed Articles of	f Amendment and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
	Jame K &	Name of Person	- Stop	
	765 SW 14 Davic, Fl Jochran JE-mail address:	Address Address City/State and Zip Code 196 hot mail. Core (to be used for future annual report notifical	TALLAHASSEE, FLO	2011 HAY -2 AH 9:
For further information	concerning this matter, please	call:	<u> </u>	11:6
Jamah!	Cochran of Person	at (<u>954)</u> (662 ~ 50 Area Code & Daytime	742 Telephone Number	Pag Mg 1986
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end	
	ING ADDRESS	CONFERT COUNTY	D ADDDECC	

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

K & .	J –	ue Stop, LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability of Florida document number		April 05, 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin The new name must be distinguishable and end with the work.L.C."	lue Stop.	LLC	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
		701 1.136	
		The District Control of the Control	
Enter new mailing address, if applicable:		D) 33	
(Mailing address MAY BE A POST OFFICE BOX)		The same	
		9 0	
B. If amending the registered agent and/or registered agent and/or the new registered office add		AREA . T.	
registered agent and/or the new registered office add	ness nere.		
Name of New Registered Agent:			
New Registered Office Address:	Fr	ter Florida street address	
	Ether Provide Street address		
	City	, Florida Zip Code	
		4	

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

Page 1 of 2

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 = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
			Add			
			Remove			
			Add			
			Remove			
			Add			
			Remove			
			Add 7			
			The N			
			Remove			
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	.)			
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_						
						
Dated	April 5th, 2	011.				
	•					
	Signature of a mer	nber of authorized percentative of a member				
	Ty	ped or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00