L11000080638

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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MAR 25 2015 J. HARRIS

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	J&JKO	O PROPERTIES, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		FRANCISCO JAVIE	R KOO TORERO	
			Name of Person	
		J&J KOO PROPER	TIES, LLC	
			Firm/Company	
		812 S BROADWAY		
			Address	
		LANTANA, FL 3346	2	
			City/State and Zip Code	
		GIOVANNA@PALIM		
			to be used for future annual report notifi	cation)
For further i	nformation co	ncerning this matter, please c	aii:	
GIOVAN	NA KOO		561 243-0630	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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&J KOO PROPERTIES, LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000080638</u>	were filed on 07/13/2011	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:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	J&J KOO PROPERTIES, LLC	
(Principal office address MUST BE A STREET ADDRESS)	812 S. BROADWAY	
	LANTANA, FL 33462	2015 SET
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HAR -6 P
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		- <u></u>
New Registered Office Address:	<u>.</u>	
	Enter Florida street address	
	, Florida _	
Non-Basistand Assault Claration (C. Louis B.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre-	a contract of the second	, , , , , , , , , , , , , , , , , , , ,
i nereuv accept ine appointment as registered agent and agra	PP TO ACT IN THIS CONACITY I SUPSHIP A	gree to comply with the

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action AMBR GIOVANNA KOO** 6883 FLORIDA DRIVE ■ Add

	LAKE WORTH, FL 33462	Remove
	<u></u>	<u></u>
··-		
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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated FEBRUARY 23 Signature of a member or authorized representative of a member		
Ciffective date, if other than the date of filing: (optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated FEBRUARY 23 (Optional) 2015		
Infective date, if other than the date of filing: (optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated FEBRUARY 23 2015		
Infective date, if other than the date of filing: (optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated FEBRUARY 23 2015		
the date this document is filed by the Florida Department of State) Dated FEBRUARY 23 2015		
Dated		
Signature of a member or authorized representative of a member	Effective date, if other than the date The effective date must be specific, cannot be p the date this document is filed by the Florida I	of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after
Signature of a member or authorized representative of a member	the date this document is filed by the Florida I	of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
	the date this document is filed by the Florida I	of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)

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