1/1000138604

(Re	equestor's Name)	
(Ad	dress)	, , , =, , , , , , , , , , , , , , , ,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #) .
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200279078052

11/16/15--01046--015 **25.00

2015 NOV 16 AM 11: 29

K.SALY EXAMINER NOV 19 2015

COVER LETTER *

TO: Rep	gistration Sec vision of Cort	ction porations		er*
« Cubiect.	KAJE Prope	erties, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Kelly J. Strom		
			Name of Person	
		KAJE Properties, LLC		
			Firm/Company	
		1542 Royal Oaks Dr.		
			Address	
		Apopka, FL 32703		
For further	information co	Email address: (City/State and Zip Code Omohot mail to be used for future annual report notifica	COM)
Kelly J. Sti	rom ·		at (407) 212-5358	
Name of Person		f Person		elephone Number
Enclosed is	a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Centor Tallahassee, FL 3230	ions er Circle

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

PILED
2015 NOV 16 AM II: 29

KAJE Properties, LLC

(Name of the Limited Lia (A Flo	rida Limited	Liability Company)	1 our records. SAHASSEE, FLOSTATE	
The Articles of Organization for this Limited Liability Florida document number L11000138604			11/1/2	
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the l	<u>imited liat</u>	oility company here:		
The new name must be distinguishable and contain the words "	Limited Liab	ility Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	1542 Royal Oaks E)r	
		Apopka, FL 32703		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX))	1542 Royal Oaks E	or.	
indian danes in the first of th		Apopka, FL 32703		
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:		<u>re</u> :	ur records, <u>enter the name of the n</u>	
New Registered Office Address: 15	1542 Royal Oaks Dr.			
		Enter Florida	street address	
A	oopka		, Florida 32703	
		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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Eleanor A. Strom	5100 La Salle	
		Lincoln, NE 68516	Remove
			Change
			Add
			□ Remove
			Refreeve
			□ Change
			Add
			Remove □ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change

_									
_	, ,								
_				<u> </u>	<u> </u>				
_									
_					·				
_	<u>.</u>		· · · · · · · · · · · · · · · · · · ·						
			· · · · · ·	-					
_					 -				
-									
_									<u> </u>
								110	NOW T
-				· · · · · · · · · · · · · · · · · · ·				HAS	1 B
-				· • · · · · · · · · · · · · · · · · · ·					fu.
-	···					····		1. C	AH 11: 30
_	······································							STATE	<u>ည</u>
								<u> </u>	
-									
-					·····				
3004	1 4- 10-41	41 41 4	-AE Cilimon				_ (optiona	D	
f an eft	fective date is list	her than the ded, the date must	ne specific and c	annot be prior to	date of filing or	more than 90 d	ays after filin	g.) Pursuant	to 605.020
		erted in this bloc date on the Der			le statutory fil	ing requireme	nts, this dat	e will not b	e listed a
e re The	cord specifie 90th day at	es a delayed fter the reco	effective da d is filed.	te, but not	an effective	time, at 1	2:01 a.m	. on the o	earlier (
Dated	11/1	3	,	2015					
	V	16	O().		1-0-0	^			
		17 1	^ \ 						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00