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Office Use Only

COVER LEGITER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations K & P PROPERTIES OF ORLANDO SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JORGE C. PEREZ Name of Person Firm/Company 9889 S. ORANGE BLOSSOM TRAIL Address ORLANDO, FL 32837 City/State and Zip Code JEMOTORS@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **JORGE C. PEREZ** Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee **\$55.00** Filing Fee & \$30.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUN 18 PM 2: 27

| K & P PROPI | ERTIES OF ORLAND | OO, LLC TALL | AHASSEE, ELORIDA |
|--|--|---------------------------------------|-------------------------|
| (A Flori | llity Company as it now appea da Limited Liability Company) | rs on our records.) | MASSEE, ELORIDA |
| The Articles of Organization for this Limited Liabilit | y Company were filed on | 01/20/2012 | and assigned |
| Florida document numberL1200009875 | <u> </u> | | |
| This amendment is submitted to amend the following | 3: | | |
| A. If amending name, enter the new name of the | limited liability company he | <u>re</u> : | |
| JAGA II | NVESTMENTS 2, L.L.C. | | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Comp | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| <u>(Principal office address MUST BE A STREET AL</u> | DRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX | | | · |
| | | | |
| B. If amending the registered agent and/or re | gigtored office address on | ave wassula sutsu t | he manne of the many |
| registered agent and/or the new registered office a | ddress here: | our records, enter t | ne name of the new |
| | | | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | r. | nter Florida street add | · |
| | EI | | ress |
| | City | , Florida | 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 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 amending the Managers or Managing Members on our recoglis, enter the title, name, and address of each Manager or Managing Member being added or removed from our recognis:

MGR = Manager

| <u> Citle</u> | <u>Name</u> | Address | Type of Action |
|--|---|---|---|
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| O. If amer | nding any other information, enter chan | ge(s) here: (Attach additional sheets, if neces | sary.) |
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Filing Fee: \$25.00