L1200046117

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COVER LETTER

TO: Registration Se Division of Cor			
JRK	Property I LL	.C	
SUBJECT: OTTI		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Jeffrey W k	Kaplan	
		Name of Person	
		Firm/Company	2
•	2114 JUSH 2		
		Address	2 <u>4</u>
•	Tampa FL	33624	92 -
City/State and Zip Code			
	jrkproperty1@g	mail.com	
	E-mail address: (to be used for future annual report notifi	cation) on
For further information c	oncerning this matter, please c	all:	
Jeffrey Ka	plan	₃₇ 813,789 4	713
_	of Person	at (Telephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRK Property I LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L12000046117</u>	ility Company were filed on 04/04/2012	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET)	ADDRESS)	
, 		(
		N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u>.</u> . a
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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 **Type of Action** Title **Name** Sarah Kaplan **MGR** ☐ Remove _□ Add □ Remove ☐ Remove ☐ Add ☐ Remove _ Add ☐ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Effective date, if other than the date of filing: 06/25/2014 (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 06/25/2014		
		_
Jeffrey W Kaplan		
Typed or printed name of signee		2
		20 H JUH 27
	3550 3501 3501	127
		<u> </u>

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Filing Fee: \$25.00