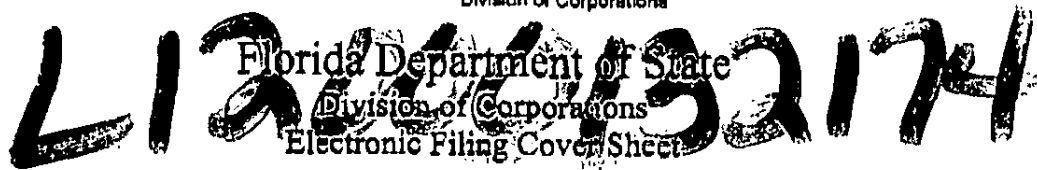


4/19/2018

Division of Corporations



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000124298 3)))



H180001242983ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, L.L.C.  
Account Number : I20050000159  
Phone : (772)231-4440  
Fax Number : (772)231-4430

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Kbarry@rosswayswan.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
J & K 650 LAURELWOOD ENTERPRISES, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

FILED  
 18 APR 19 PM 2:18  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 RECEIVED  
 2018 APR 19 PM 5:02  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**((H18000124298 3)))**

**SUBJECT: J&K 650 Laurelwood Enterprises, LLC**

**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:

Kevin M. Barry

**Name of Person**

Rossway Swan Tierney Barry Lacey & Oliver

**Firm/Company**

2101 Indian River Blvd., Suite 200

**Address**

Vero Beach, FL 32960

**City/State and Zip Code**

kbarry@rosswayswan.com

**E-mail address: (to be used for future annual report notification)**

For further information concerning this matter, please call:

Kavin M. Barry

772  
at ( )  
Area Code

231-4440

Daytime Telephone Number

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)

☒ \$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

**((H18000124298 3)))**

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

**((H18000124298 3)))**

J&K 650 Laurelwood Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 17, 2012 and assigned  
Florida document number L12000132174

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

K-650 Laurelwood Enterprises, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

(((H18000124298 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/AN	Luther L. Fitch, Jr.	3055 5th Street, SW	<input type="checkbox"/> Add
		Vero Beach, FL 32968	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AN	Kathleen Ann Swan	3055 5th Street, SW	<input type="checkbox"/> Add
		Vero Beach, FL 32968	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18  
APR 19 2018  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H18000124298 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(((H18000124298 3)))

FILED  
18 APR 19 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 19, 2018

Kathleen A. Swan

Signature of a member or authorized representative of a member

Kathleen A. Swan, f/k/a Kathleen A. Swan-Fitch

Typed or printed name of signer

(((H18000124298 3)))