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2013 JUN 27 AM II: 53
SECRETARY OF STATE
FALLAHASSEE, FLORID!

B. BOSTICK
JUN 2 8 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

KJIMS REALTY, 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:

ZACHARY CONJESKI

Name of Person

SAMEK & ROTBERT, LLC

Firm/Company

15245 SHADY GROVE RD. 300N

Address

ROCKVILLE, MD 20850

City/State and Zip Code

zac@samek-rotbert.com

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

For further information concerning this matter, please call:

ZAC CONJESKI

<u>__240</u>\912-3000

Name of Person

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

' 1\$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

KJIMS REALTY LLC

New Registered Agent's Signature, if changing Registered Agent:

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Florida document number <u>L13000026591</u>		were filed on <u>2/20/2013</u>	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ollity company here:		
KJIMS DEVELOPMENT COMPANY	, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company," the	designation "LLC" or the abbreviat	
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)		2018 J	
			CR CR	
			A HASSI	
Enter new mailing address, if applicable:		N/A	SSM 2	
(Malling address MAX BE A POST OFFICE BOX)			<u> </u>	
		•	<u>г</u>	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the n	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flortda street address		
			, Florida	
		City	Zip Code	

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.

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

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

<u>Title</u>	Name	Address	Type of Action
٠.			
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add
,*·.			Remove
		4	Remove
; ••• ••			Add 2
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D. 3	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u>N/A</u>
	· · · · · · · · · · · · · · · · · · ·
ate	d &-26-13
	and In
	Signature of a member or authorized representative of a member
	KACALT, Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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