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COVER LETTER

	stration Secti sion of Corpo		,	
SUBJECT:	KJ Holdings I	LLC	•	e e e e e e e e e e e e e e e e e e e
_		Name of Lim	ited Liability Company	
The enclosed	Articles of A	nendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspond	ence concerning this matter	to the following:	
		John C. Brouwer, Jr.		
			Name of Person	
			Firm/Company	
		1497 Main Street #306		
			Address	
		Dunedin, FL 34698		
		brouwer.john1@gmail.com	City/State and Zip Code	***
,	e San Barrier	E-mail address: (t	o be used for future annual repor	t notification)
For further inf	ormation con	cerning this matter, please ca	di:	
John C. Brouv	ver, Jr.		727 499-222 at ()	26
	Name of P	erson	Area Code D	aytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fil	ing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJ Holdings I LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited l Florida document number L14000015257	Liability Company	were filed on 11/18/	/2013	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	2226 State Road 58	30	
(Principal office address MUST BE A STRE	ET ADDRESS)	Clearwater, FL 337	Clearwater, FL 33763	
				TSD Cur
Enter new mailing address, if applicable:			,	(37)
Mailing address MAY BE A POST OFFICE	E BOX)		10 E	me 4 Minimine Proposition 5
				and the state of t
B. If amending the registered agent and registered agent and/or the new registered of				
		<u>-</u> .	^>>	α
Name of New Registered Agent:	John C. Brouw	er, Jr.		· ;
New Registered Office Address:	1497 Main Stre	eet #306		
		Enter Florida	strect address	
	Dunedin		, Florida ³⁴⁶⁹⁸	3
		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 Shanging Registered Agent Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kelly Schmidt	1497 Main Street #306	
		Dunedin, FL 34698	Remove
			Change
MGRM	John Brouwer	1497 Main Street #306	Add
		Dunedin, FL 34698	□ Remove
		switch title to MGR	Change
			Add
			☐ Remove
			Change
			
			□ Remove
	•		Change
			□ Remove
			Change
			Rental Re
			Change

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ote: If the date inserted in this blocument's effective date on the Defective date of th	t be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requires epartment of State's records. I effective date, but not an effective time, at	nents, this date will not be listed
he 90th day after the rec	ord is filed.	
ted October 11		
110	15/4	15-23
7/1	Signature of a member or authorized representative of a member	per 100 mg
John Brouwer	V	
	Typed or printed name of signce	D B:
	Page 3 of 3	2: 16 TATE ORID

Filing Fee: \$25.00