114000126347

| | • |
|----------------------------------|------------------------|
| (Requestor | 's Name) |
| (Address) | |
| (Address) | |
| (City/State | /Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| (Documen | t Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing C | Officer: |
| | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

> D. BRUCE DEC 29 2016

COVER LETTER

| | gistration Sec ision of Corp | | • | | |
|-----------------------------------|---------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---|
| Rent Ready | Fast, LLC | | | | |
| Name of Limited Liability Company | | | | | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspor | ndence concerning this matter | to the following: | | |
| | | Frank Keasler, CBO | | | |
| | | | Name of Person | | |
| | | The Klotz Companies | | | |
| | | | Firm/Company | | |
| | | 645 Mayport Road, Suite 5 | 5 | | |
| | | | Address | | |
| | | Atlantic Beach, FL 32233 | | | |
| | | | City/State and Zip Code | | |
| | | fkeasler@theklotzcompanie | | 2011 ALLI ALLI | |
| | | E-mail address: (1 | to be used for future annual report notification | 2016 DEC SECRET/ ALLAHAS | |
| For further in | nformation co | ncerning this matter, please ca | all: | ASS | |
| Frank Keasl | er | | 904 247-5334 X302 at (| Y OF A | |
| | Name of | Person | Area Code Daytime Tele | ephone Number 5 | O |
| Enclosed is a | check for the | e following amount: | | | |
| ■ \$25.00 F | iling 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

| Kent Keady Fast, LLC | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------|
| (Name of the Lim | ted Liability Company as it now app (A Florida Limited Liability Compan | <u>vears on our records.</u>) (y) |
| The Articles of Organization for this Limited I lorida document number L14000126347 | Liability Company were filed on | 08/12/2014 and assigned |
| his amendment is submitted to amend the fol | lowing: | |
| . If amending name, enter the new name o | of the limited liability company | <u> here</u> : |
| CKC Construction Group, LLC | | |
| he new name must be distinguishable and contain the | words "Limited Liability Company," th | ne designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if appli Principal office address MUST BE A STREA Inter new mailing address, if applicable: | | PHIS DEC 2 SECRETARIA TALLAHASS |
| Mailing address MAY BE A POST OFFICE | · ROY) | |
| | /or registered office address | on our records, enter the name of the ne |
| Name of New Registered Agent: | General Management and Age | nt Services, LLC |
| New Registered Office Address: | 645 Mayport Road, Suite 5 | |
| | Enter i | Florida street address |
| | Atlantic Beach | , Florida <u>32233</u> |
| | 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
Jeff D. Klotz, Manager

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 |
|--------------------------------|--------------------------------------------|---------------------------|----------------|
| Manager | General Management and Agent Services, LLC | 645 Mayport Road, Suite 5 | ■ Add |
| | | Atlantic Beach, FL 32233 | □ Remove |
| | | | Change |
| VP Construction Services | Douglas W. Othmer | 645 Mayport Road, Suite 5 | Add |
| | | Atlantic Beach, FL 32233 | ☐ Remove |
| | | | Change |
| VP Mechanical Services | Jeffrey J. Othmer | 645 Mayport Road, Suite 5 | Add |
| | | Atlantic Beach, FL 32233 | ACC BE MOVE |
| | | | ☐ Change |
| | | | SSEE. F |
| | | | STAP PREMOVE |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |

| | . If amending an | y other information, o | enter change(s) h | ere: (Attach add | ditional sheets, if n | ecessary.) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|---------------------|------------------------|-----------------------------------------|----------------------------|
| Effective date, if other than the date of filing: Coptional Coptional | | . , | | | | | |
| Effective date, if other than the date of filing: Coptional Coptional | | | | | | | |
| Effective date, if other than the date of filing: Coptional Coptional | | | | | | | |
| Effective date, if other than the date of filing: Coptional Coptional | | - | | | | | |
| Effective date, if other than the date of filing: Continue Continue | | | | | | | |
| Effective date, if other than the date of filing: Coptional Coptional | | | | . <u>-</u> | | | |
| Effective date, if other than the date of filing: Coptional Coptional | | | | | | | <u> </u> |
| Effective date, if other than the date of filing: (optional) | | | | | | | |
| Effective date, if other than the date of filing: (optional) | | | | | | | |
| Effective date, if other than the date of filing: (optional) | - | | | | | | |
| Effective date, if other than the date of filing: (optional) | | | | | | | |
| Effective date, if other than the date of filing: Goptional Coptional | | | | | | | |
| Effective date, if other than the date of filing: Goptional Coptional | | | | | | | |
| Effective date, if other than the date of filing: f 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. December 22 2016 Signature of a member or authorized representative of a member | | | | | | | |
| Effective date, if other than the date of filing: Goptional Coptional | | | | , | | ======================================= | ~~ |
| Effective date, if other than the date of filing: [In the 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated December 22 Signature of a member or authorized representative of a member | | | | | | [*** p*) | |
| Effective date, if other than the date of filing: f 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated December 22 Signature of a member or authorized representative of a member | | | | | | | ~~ ~ |
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| Dated December 22 , 2016 Signature of a member or authorized representative of a member | If an effective date i Note: If the date | is listed, the date must be spe inserted in this block do | ecific and cannot be present es not meet the app | licable statutory f | or more than 90 days a | fter filing.) Pursuant | |
| Signature of a member or authorized representative of a member | | | | not an effectiv | e time, at 12:0: | 1 a.m. on the | earlier of: |
| | December | r 22 | 2016 | | | | |
| | | | JEE K | 2 | | 100 201 200 2 | |
| By: General Management and Agent Services, LLC, Manager, Through: Jeff D. Klotz, Its: Manager | | Signat | ure of a member or au | thorized representa | tive of a member | | |
| | By: G | eneral Management and | Agent Services, LL | C, Manager, Thro | ough: Jeff D. Klotz, | Its: Manager | |

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Filing Fee: \$25.00