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J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: SKJ Property Preservations Company, UC 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:
SYBIL A. JERNIGAN Name of Person
Firm/Company
9552 Pebble Glen Ave
Tampa FL 33647 City/State and Zip Code
Sybiljernigan @ Gmail. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Sybul Jernigan at (636) 5441557 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsup \text{\$\frac{1}{2}}\$ \$25.00 \text{ Filing Fee} \text{ \$\Bigsup \text{\$\frac{1}{2}}\$ \$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\Bigsup \text{\$\frac{1}{2}}\$ \$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \text{ \$\Bigsup \text{\$\frac{1}{2}}\$ \$\Bigsup \text{\$\frac{1}{2}\$ \$\Bigsup \text{\$\frac{1}{2}}\$ \$\Bigsup

MAILING ADDRESS:

TO:

Registration Section

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

Hreservations Company, LLC

(A Florida Limited L	iability Company)	rus.
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5-15$	-2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SKJ Property Management & The new name must be distinguishable and contain the words "Limited Liabil	Preservation C	Company, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "Ll	C" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	N/A	3 T
	- 1	201 N I
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Futur navy mailing address if annihables		
Enter new mailing address, if applicable:	1//1	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	MIX	». «
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ds, enter the name of the new
New Registered Office Address:	Enter Florida street addr	ess
	City, 1	F lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
	-N/A		Add
			☐ Remove
			☐ Change
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	ther than the date	e of filing: (o-	1-2015	(opti	ional)
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Filing Fee: \$25.00