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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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2017 APR 18 AMII: 42

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COVER LETTER

TO:	Registration Se Division of Cor			ć .			
SUBJI		PERTIES LLC					
SUBJECT:Name of Limited Liability Company							
The en	closed Articles of	Amendment and fcc(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		JACQUES SAINT-FLEUI	₹				
			Name of Person				
		JRKV PROPERTIES LLC	;				
			Firm/Company				
		5411 Scaline Blvd	•				
		-	Address				
		GReenacres FL 33463					
			City/State and Zip Code				
		jdamas38@gmail.com					
		E-mail address: (to be used for future annual report notif	ication)			
For fur	ther information co	oncerning this matter, please ca	all:				
Judela	nde Desamours		561 9518251 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclos	ed is a check for th	e following amount:					
■ \$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 APR 18 AMII: 42
SECRETARY OF STATE
ALLAHASSEE, FLORIS

JRKV PROPERTIES LLC

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

V -	Tiorida Emilica Elability Company)	SCE, FLORIDA
The Articles of Organization for this Limited Liab		and assigned
Florida document number L15000108432		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET).	4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, e address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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

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	JACQUES SAINT-FLEUR	5411 Sealine Blvd Greenacres FL 3	■ Add
			□ Remove
			Change
			□ Add
			Remove SECRET
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E. Effect (If an ef	tive date, if other than the ffective date is listed, the date mu	e date of filing:	to date of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (3)(b
Note:	If the date inserted in this b	lock does not meet the applica	able statutory filing requirements	, this date will not be listed as the
docur	nent's effective date on the L	repartment of State's records.		
.				
the reb) The	ecord specifies a delaye e 90th day after the rec	d effective date, but no ord is filed.	t an effective time, at 12:0	11 a.m. on the earlier of:
•	,			
Dated	04/17	2017		
			_·	
		Signature of a the hiber or author	rized representative of a member	
	JACQUES SAINT-FLE	<u> </u>		

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Typed or printed name of signee

Filing Fee: \$25.00