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R MASON

COVER LETTER

Division o						
SUBJECT:	CR	PROPERTIE	S JF	LLC		
			mited Liability C			
The enclosed Article	es of Ame	endment and fee(s) are su	ubmitted for filin	ng.		
Please return all con	rresponder	ice concerning this matte	er to the following	ng:		
	_	Chad	R. c. b	(er		·
	_	CR Pr	Name of Firm/Co	TF L	LC	
	_	11869 14				
	_	Tup	Cify/State an	t 33	3478	
$t_{i_1,\ldots,i_{k+1},\ldots,i_{k+1}}$		E-mail address	f (to be used for fi	rproper	ties ((Dgmail.com
For further information	tion conce	rning this matter, please				
	ame of Pers	Ricker	at (<u></u> Are	61 a Code	39 - 1233 Daytime Telepho	one Number
Enclosed is a check	for the fol	llowing amount:				
\$25,00 Filing F	ee C	\$30.00 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy nal copy is enclose		\$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

CK Properties	JF LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our reco	<u>rds.</u>)
The Articles of Organization for this Limited Liability Co. Florida document number		tugust	31 ²¹ , 2615 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the des	ignation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDR	ESS)		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our recor	is, enter the name of the nev
Name of New Registered Agent:			
Name of New Registered Agent.		<u>. </u>	
New Registered Office Address:	Enter Florie	la street addre	-
	imer rioria	a su eel uuur	งงง
	City	, F	lorida
New Registered Agent's Signature if changing Registered	•		гір Сойе

New Registered Agent's Signature, it 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

25 RIDA

U

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	****		Add
			□ Remove
		.	Change
			□ Add
			□ Remove
			Change
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			Change
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☐ Change

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