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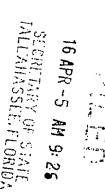
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COVER LETTER

Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

TO:

Division of Co	rporations		
SUBJECT: <u>CK</u>		ited Liability Company	· .
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Clerdine	Name of Person	
	280 NW 2	Firm/Company REHAVE BOYNE Address	lon Beach, F
	Boynton (CAUGUSTIN Grand address:	City/State and Zip Code CK/E Proble to be used for future annual report notifi	hes com
For further information of	concerning this matter, please co	all:	
Clepdin Name o	e Augushin	at (58/) 7/37- Area Code Daytime	26 k3 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
MAII	ING ADDRESS:	STREET/COURIE	FD ANNEFSS.

Registration Section

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, Florida 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			pany as it now appears on our records.) d Liability Company)	(<u>Name of the Limited Liability Con</u> (A Florida Limit	_
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CKE POPERHEC LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. and the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. and the new principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Street address Florida Street address	ssigned	and as	ny were filed on <u>03/10/2016</u>	cles of Organization for this Limited Liability Compa	Articles of
Chie amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CKKE ROBERHES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the abbreviation "LLC" or the abbreviation "LLC" and the submitted liability company, "the designation "LLC" or the abbreviation "LLC" and the submitted liability company, "the designation "LLC" or the abbreviation "LLC" and the submitted liability company here: Enter new principal offices address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida SP Po SP Porida S			•		
CKKE PROBERHES LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida STREET ADDRESS)					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent:			ability company here:	rending name <u>, enter the new name of the limited li</u>	If amendin
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent:				KE PROPORTIES LLC.	PKKE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Post Pos	L.L.C."	e abbreviation "L	bility Company," the designation "LLC" or the	ame must be distinguishable and contain the words 'Limited Li	new name mu
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New Registered Office Address: Enter Florida street address , Florida				Name of New Registered Agent:	<u>Name</u>
「日本 99 章 00	i. Termy	5 A	•	New Registered Office Address:	New I
	g (mage) de ramam	# 9: 2 3:6 #			
City Code	'e	Zip Code	, Florida	 -	

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>	Name	Address	Type of Action
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		 	Remove
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The 90th day after the record is filed.	ective time, at 12.01 a.m. on the earner
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00