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(Re	questor's Name)	·····
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(Cit	y/State/Zip/Phone	e #)
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APR -8 2016 N. CAUSSEAUX

COVER LETTER

Divi	sion of Corpo	rations					
SUBJECT:	VALERIE KI	ENNEDY FAMILY INVEST	MENTS, LLC				
SUBJECT.		Name of Limi	ted Liability Company				
The enclosed	Articles of An	nendment and fee(s) are subr	nitted for filing.				
Please return	all correspond	ence concerning this matter t	o the following:				
		TIMOTHY J MURTY, ES	Q	•)	• • •	, `.	<i>;</i> ,
			Name of Person			•	٠.
		TIMOTHY J MURTY PA			٠		
			Firm/Company			-	
		1633 PERIWINKLE WAY	SUITE A				
			Address			-	
		SANIBEL FL 33957					
			City/State and Zip Code			-	
		TIMMURTY@ISLANDAT					
		E-mail address: (t	o be used for future annual	report notificati	ion)		
For further in	formation con	cerning this matter, please ca	II:				
ТІМОТНҮ Ј	MURTY ESC)		2-1000			
	Name of Po	erson	Area Code	Daytime Tel	lephone Number	-	
Enclosed is a	check for the	following amount:					
≘ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		Certified	te of Status	

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

VALERIE KENNEDY FAMILY INVESTMENTS, LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited Liability Company	were filed on MARCH 24, 2016	and assigned	
Florida document number L16000059995			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
VALERIE KENNEDY FAMILY INVESTMENTS II, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	10 MARION DR		
(Principal office address MUST BE A STREET ADDRESS)	HOLMDEL, NJ 07733		
	1-		
Estan non malling address if analizable.	10 MARION DR		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HOLMDEL, NJ 07733		
(Maning damess MAT BEAT TOST OF THEE BOA)		.	
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: New Registered Office Address:		r the name of the nev	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar with and	

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>	<u>Address</u>	Type of Action
MGR	VALERIE KENNEDY	10 MARION DR	Add
		HOLMDEL, NJ 07733	Remove
			■ Change
			□ Remove
			Change
	 		Add A
			☐ Remove
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ive date, if other than the date of filing fective date is listed, the date must be specific and If the date inserted in this block does not ment's effective date on the Department of S	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 neet the applicable statutory filing requirements, this date will not be listed as
cord specifies a delayed effective of 90th day after the record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of:
March 30	, 2016

Page 3 of 3

Filing Fee: \$25.00