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SECRÉTARY OF STATE

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COVER LETTER

	ation Section of Corporations
SUBJECT:	LULAROE WITH KEL, LLC Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	Kelli Jochum Name of Person
	LULARDE WITH KEL, LLC *changing name of the
	613 6th LN Address
	Palm Beach Gardens, FL 33418 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Kelli	Jochum at (561) 252 - 5043 Name of Person Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
□ \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$55.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ 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

TO ARTICLES OF ORGANIZATION

LULARDE WITH KEL, LLC

2016 NOV 14 PM 3: 14 (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 Nov. 7, 2010 and assigned Florida document number L16000204301. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PKJ Ventures, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	C Phillip Jochum	613 6+h LN	M∕Add
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Note: 11	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the date on the Department of State's records.	07 (as t
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 600 00th day after the record is filed.	of:
Dated _	November 9, 2016.	
	Signature of a member or authorized representative of a member	
	Kelli Jochum Typed or printed name of signee	

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Filing Fee: \$25.00