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D. SCOTT NOV 1 7 2016

COYER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	JSKBTK LLC				
зовјест:	Name of Lim	nited Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
`	CANDACE ROSS				
		Name of Person			
	GELBER AND COMPAN	1Y			
		Firm/Company			
11450 INTERCHANGE CIRCLE NORTH					
		Address			
	MIRAMAR FL 33025				
		City/State and Zip Code		, 	
	CROSS@GELBERCPA.C	OM to be used for future annual r	t notification		
For further information of	concerning this matter, please c		eport normeadon)	'	SEC SEC
CANDACE ROSS		954 435 at ()	5-4222		題
Name o	of Person	Area Code	Daytime Teleph	ione Number	NOV 16 PH 3: 1
Enclosed is a check for t	he following amount:				ज़िंदी ध
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Certificate o Certified Co (additional copy	Fee, on one of Status &
Regist	ING ADDRESS: ration Section of Corporations	Registrati	C/COURIER AD ion Section of Corporations	DRESS:	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KBTK LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L16000207642	oility Company were filed on NOVEMBER 11, 2016 and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET .	ADDRESS)
Enter new mailing address, if applicable:	TALER N
Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	City Zin 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>	<u>Address</u>	Type of Action
MGR	JUDITH & BARRY KATZEN JTBE	1125 SAN PEDRO AVENUE	Add
		CORAL GABLES FL 33156	■ Remove
			☐ Change
MGR	JUDITH KATZEN	1125 SAN PEDRO AVENUE	Add
		CORAL GABLES FL 33156	□ Remove
			Change
			□ Add
			Remove
			Change
			FILED Refineve NOVember 6 SECRETERY OF Address SEE THE
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Typed or printed name of signee

Filing Fee: \$25.00