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COVER LETTER

TO:		istration Sec sion of Corp			·
		JK2 Scenic, i	LLC		
SUBJEC	CT:		Name of Limit	ted Liability Company	
•	JK2 Scenic, LLC Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Julie Holmes Name of Person JK2 Scenic, LLC Firm/Company 541 Live Pine Circle Address Apopka, FL 32703 City/State and Zip Code juile.holmes@jk2.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: Holmes 407 Name of Person Name of Person Area Code Daytime Telephone Number sed is a check for the following amount: 25.00 Filing Fee \$\Begin{array}{c} \Soliton \So				
Please re	eturn	all correspon	dence concerning this matter t	to the following:	
			Julie Holmes		
For furth Julie Hol				Name of Person	
			JK2 Scenic, LLC		
				Fimi/Company	
			Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Julie Holmes Name of Person JK2 Scenic, LLC Firmt/Company 541 Live Pine Circle Address Apopka, FL 32703 City/State and Zip Code juile.holmes@jk2.com E-mail address: (to be used for future annual report notification oncerning this matter, please call: at (407 703-2977 at (407 703-2977 Area Code Daytime Teleport following amount: S30.00 Filing Fee & Certified Copy		
				Address	
			Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Julie Holmes Name of Person JK2 Scenic, LLC Firm/Company 541 Live Pine Circle Address Apopka, FL 32703 City/State and Zip Code juile.holmes@jk2.com E-mail address: (to be used for future annual report notification oncerning this matter, please call: 407 Area Code Toaytime Tellowing amount: S30,00 Filing Fee & Certified Copy		
			juile.holmes@jk2.com	City/State and Zip Code	-
				to be used for future annual report notif	ication)
For furth	her in	iformation co	ncerning this matter, please ca	all:	
Julie Ho	olmes	i		· · ·	
		Name of	Person		· Telephone Number
Enclosed	d is a	check for the	e following amount:		
\$ 25.	.00 F	iling Fee		Certified Copy	Certificate of Status &

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**

JK2 Senic, LLC (Name of the Limit	ed Liability Compa	ny as it now appears on our rec- iability Company)	ords.)			
<u> </u>	(A Florida Limited L	Liability Company)				
he Articles of Organization for this Limited L	iability Company	were filed on	and as	signed		
he Articles of Organization for this Entitled E	adding company					
orida document number L16000211537	·					
nis amendment is submitted to amend the foll	owing:					
		ility company here:				
If amending name, enter the new name of	the numed hab	nity tompany more				
e new name must be distinguishable and contain the v		liv Company "the designation "	LLC" or the abbreviation "L	L.C."		
e new name must be distinguishable and contain the v	rords Limited Clabi					
nter new principal offices address, if applic	able:	541 Live pine Circle				
rincipal office address MUST BE A STREE		Apopka, Florida 32703				
			=	<u>- Z (a</u> _		
			JUN NOT	32 CE		
w II - if andicables		541 Live Pine Circle	1_	육공-		
nter new mailing address, if applicable:	DOV)	Apopka, Florida 32703		500		
<u> Mailing address MAY BE A POST OFFICE</u>	<u>BUA)</u>		3	- CH - CH - CH		
				12.		
. If amending the registered agent and	Uintared a	office address on our rec	ords, enter the name	of the		
If amending the registered agent and gistered agent and/or the new registered of	office address he	re:				
gistered agent and/or the new ege						
N. CNI Davistored Agent	Julie Holmes					
Name of New Registered Agent:		Circle				
New Registered Office Address:	541 Live Pine	ddress				
	_					
	Apopka		, Florida 32703			
		City	2.47 C.X.	•		

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	Julic Holmes	541 Live pine Circle , Aopoka Flori	≘ Add
-			Remove
			Change
MGR	Paul Holmes		□ Add
			■ Remove
			Change
			
			Remove
			☐ Change
٠			Remove
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			☐ Remove
			Change

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Filing Fee: \$25.00