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D. SCOTT MAY 1 - 2017

COVER LETTER

TO:	Registration Se Division of Cor					
CLIDIE		Property Enterprises LLC				
SUBJEC	CT;	Name of Lim	ited Liability Company	,		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
Julie Knowles						
			Name of Person			DDRESS:
			Firm/Company			
		574 E Lehigh Dr				
			Address			
		Deltona, FL 32738				
			City/State and Zip C	Code		
		juli@ks-restoration.com				
		E-mail address: (to be used for future an	nual report notificat	ion)	
For furth	ner information co	oncerning this matter, please c	all:			
Julie Kn	owles		407 at (227-9250		
	Name o	f Person	Area Code	Daytime Te	lephone Number	
Enclose	d is a check for th	ne following amount:				typ iid .
\$25.	00 Filing Fcc	\$30.00 Filing Fcc & Certificate of Status	□ \$55.00 Filing I Certified Cop (additional copy	у	□ \$60.00 Filin Certificate Certified Certified	of Status B
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Regi Divi Cli ft 2661	SEET/COURIER istration Section sion of Corporation on Building Executive Center ahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJ Family Property Enterprises LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records,) iability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L17000010288</u> .	were filed on 1/12/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	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 off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		-1,0
New Registered Office Address:	Enter Florida street address	FILE FILE
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		9 9
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

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>	Address	Type of Action
MGR	Nicole C. Watson	4765 N Tomoka Dr	Add
		DeLeon Springs FL 32130	☐ Remove
			☐ Change
MGR	Timothy F. Keefe	4765 N Tomoka Dr	■ Add
	•	DeLeon Springs FL 32130	☐ Remove
			☐ Change
<u></u>			☐ Add
			☐ Remove
			□ Change
			□ Add
		 	Remove
			Change
			1
			Remove O Change
			Change
			Add
			☐ Remove
			☐ Change

adding the EIN number: 82-1	282426			
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		<u>-</u> -		
 				
ive date, if other than the	late of filing:	C C 1	(optional)	
fective date is listed, the date must If the date inserted in this blo	ck does not meet the applic	able statutory filing requ	irements, this date wil	I not be liste
nent's effective date on the De	partment of State's records.			_
cord specifies a delayed	effective date, but no	t an effective time	بزيات at 12:01 a m -on	the earlie
90th day after the reco		t an enecave anie,	dt 12.01 d.,11, 0,1	
	2015		\$	高口
April 24	<u>, 2017</u>		Ĭ.	
)		-	ES Q

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Filing Fee: \$25.00