L17000067760

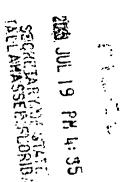
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COVER LETTER

		COVER LETTER	
TO: Registration So Division of Cor			
	amity Holdings, LLC		The Marie and Ma
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Temple H. Drummond		
		Name of Person	
	Drummond Wehle Yonge	LLP	
	 	Firm/Company	
	6987 E. Fowler Avenue		
		Address	
	Tampa, Florida 33617		
	temple@dwyfirm.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Temple H. Drummond		813 983-8000 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KDJ/LSJ Family Holdings, 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)

To Part of the Par The Articles of Organization for this Limited Liability Company were filed on $\frac{3/24/2017}{1}$ Florida document number L17000067760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KDJ/LSJ Family Holdings, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
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			Change
			□ Add
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The entity a PLLC po	is a law r statute	firm and	d should	operate o	3.5
			 		
					
					
					
-					
Tective date, if other than the effective date is listed, the date in this cument's effective date on the	ust be specific and can block does not meet	the applicable statu			
record specifies a delay The 90th day after the re		e, but not an eff	ective time, a	t 12:01 a.m. on	the earlier
June 19	2	019			
Temple 1	Signature of a mem	ber or authorized repr	esontative of a men	enen tatrie	
	I				

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Page 3 of 3

Filing Fee: \$25.00