L17000084478

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(City/State/Zip/Phone #)					
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D. BRUCE MAY 01 2017

COVER LETTER

	istration Secti ision of Corpo						
CUDIFOR.	KJEN SAVV	Y PROPERTIES, LLC					
SUBJECT:		Name of Limited Liability Company .					
The enclosed	i Articles of An	nendment and fee(s) are sub-	nitted for filing.	13			
Please return	all correspond	ence concerning this matter	to the following:				
		JENEE P. WARE					
	Name of Person						
	KJEN SAVVY PROPERTIES, LLC						
Firm/Company							
	111 SW SEBRING CIR						
Address							
City/State and Zip Code							
		enee ware 6	amail. com obe used for future annual report notifi	cation)	**************************************		
For further in	nformation con	cerning this matter, please ca	til:		28 S		
JENEE P. W	VARE		772 521-7275 at ()	AHA	TIL METARY METARY		
	Name of P	erson	Area Code Daytime	Telephone Number	A LC III		
Enclosed is a	a check for the	following amount:					
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Si Certified Copy (additional copy is			

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

KJEN SAVVY PROPERTIES, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000084478	were filed on 04/13/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Code
New Registered Agent's Signature, if changing Registered Agent:	न हैं
I hereby accept the appointment as registered agent and agreen or ovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am Antiar with and rovided for in Chapter 605, F.S. Or, if this document is
	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	JENEE P. WARE	111 SW SEBRING CIRCLE	
	-	PORT SAINT LUCIE, FLORIDA	☐ Remove
		34953	□ Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			A 200
			A Rendye
			CS Add
			☐ Remove
			Change
			Add
-			□ Remove
			Change

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Filing Fee: \$25.00