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K. SALY JUL 1 4 2017

## **COVER LETTER**

K & J SKE Subject:	ETER SQUAD, LLC		
	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:	
	KATHY, LEGAL ASSIST	`ANT	
		Name of Person	
	BLAIR M. JOHNSON, P.	٨.	
		Firm/Company	
	P.O. BOX 770496		
		Address	· · · · · · · · · · · · · · · · · · ·
	WINTER GARDEN, FL 3	4777-0496	
		City/State and Zip Code	
	Blair@westorangelaw.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Kathy		407 656-5521 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

Registration Section 'Division of Corporations

TO:

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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 13 PH 4: 02

JAILAHASSEE, FLORIO:

K & J SKEETER SQUAD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\underline{\text{MAY}}$	15, 2017 and assigned
Florida document number 1.17000107937	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	
K & J AMERICAN HOME, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the 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 office address on or registered agent and/or the new registered office address here:	ur records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	street address
	, Florida Zip Code
	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	acity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

r removed from our records:  AGR = Manager  AMBR = Authorized Member		FILED  2017 JUL 13 PK 4: 02  Type of Ac		
<u>tle</u>	Name	Address SI, CRETARY OF STATE FALLAHASSET, FLORID:	Type of Action	
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fective date, if other than to meffective date is listed, the date mote: If the date inserted in this segment's effective date on the	nust be specific and cannot block does not meet the	e applicable statut	ling or more than 90 day	(optional) is after filing.) Pursuant to 6 its, this date will not be li	05.0207 sted as
record specifies a delay The 90th day after the re		but not an effe	ective time, at 12	:01 a.m. on the ear	lier o
July 12	. 201	7			
Jane S	Signature of a member	or outh reignal ex-	contative of a manker		

Page 3 of 3

Filing Fee: \$25.00