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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: K& J Services LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kathlopn M. Balfe Name of Person	
K&J Services, LLC Firm/Company	
4105 Crossroads Place	
Casselberry FL 32707 City/State and Zip Code	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please call:	
Kathloon M. Balfe at (407) 929-1 Name of Person Area Code Daytime Telep	098 phone Number
Encyosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$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

	TO	κ_{B}
ARTICLES OF	FORGANIZATION	2011
	OF	AUGZ
K & J Services (Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	2017 AUG 31 PH 2: 24 TAIT AH ASSET OF STATE
(A Florida Limi	ted Liability Company)	\mathcal{L}_{l} \mathcal{L}_{l} \mathcal{L}_{l} \mathcal{L}_{l} \mathcal{L}_{l}
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L/7000/80299</u> .	any were filed on <u>August 23</u>	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		<u> </u>
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer riorida sireet adaress	
	, Flor	ida Zip Code
	1,2117	ZAL CIMIC

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	James J Balfe	4105 Crossroads Place	
		4105 Crossroads Place Casselberry FL 32707	Remove
			Change
			Add
			Remove
			Change
			20 Remove
			PHAN 21
			Remove
			□ Change
			🗆 Add
		Remove	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prictiote: If the date inserted in this block does not meet the application ocument's effective date on the Department of State's record	able statutory filing requirement	_(optional) ays after filing.) Pursuant to 605.0207 nts, this date will not be listed as
e record specifies a delayed effective date, but n The 90th day after the record is filed.	et an effective time, at 12	2:01 a.m. on the earlier o
Pated <u>August 24</u> . <u>2017</u> <u>Kathlen M. Balfo</u> Signature of a member or aut		

Page 3 of 3

Filing Fee: \$25.00