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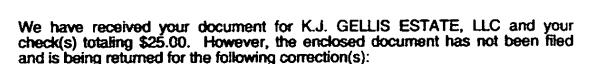
FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2018

KYLE GELLIS 715 COMMERCE WAY, STE 15 JUPITER, FL 33458

SUBJECT: K.J. GELLIS ESTATE, LLC

Ref. Number: L17000231302



The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P04000141807.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Correction on the fem on Scand Page Letter Number: 218A00011018

www.sunbiz.org

COVER LETTER

TO: - Registrati Division o	on Section Corporations	
	iellis Estate, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.	
Please return all co	respondence concerning this matter to the following:	
	Kyle J. Gellis	
	Name of Person	
	KJG, LLC	
	Firm/Company	
	715 Commerce Way Ste 15	
	Address	
	Jupiter, FL 33458	
	City/State and Zip Code kjg@kjgHc.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	ion concerning this matter, please call:	
Kyle J. Gellis	561 308-0695	
N	at () ume of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filling F	ce □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy tadditional copy is en	us &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

K.J. Gellis Estate, LLC		······································		
(Name of the Limited Limited Compa (A Florida Limited	my as it now appears on our record Liability Company)	<u>k.</u>)		
The Articles of Organization for this Limited Liability Company were filed on and assigned				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company here:			
KJGELLIS, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	601 Heritage Dr	10g 6		
(Principal office address MUST BE A STREET ADDRESS)	Stc 127	ES & T		
	Jupiter, FL 33458	To The state of th		
Enter new mailing address, if applicable:	PO Box 3105	SEE, FU		
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach, FL 33480	0000		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		s, enter the name of the n		
New Registered Office Address:	Exter Florida street addre			
	, F1 , F1	orida Zip Code		

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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	·		□ Remove
			Change
			SEC Quentity
			Sing Change
			SECRETARIAN OF THE PROPERTY OF
			☐ Remove
			☐ Change
			П Кетюче
		<u> </u>	☐ Change
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			Remove
			Change
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			С Remove
			Change

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	TO TO
E. Effec	ctive date, if other than the date of filing: (optional)
(If an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli
(b) Th	ne 90th day after the record is filed.
Date	d May 22 , 2018.
	May 24 . 2018. Signature of a member or authorized representative of a member
	11 de Sela

Page 3 of 3

Filing Fee: \$25.00