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| PICK-UP WAIT MAIL |
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| Codified Coding |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Registration Section **Division of Corporations** KJ ESTATE INVESTMENTS LLC SUBJECT: 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: Karla Jaimes Name of Person KJ ESTATE INVESTMENTS LLC Firm/Company 2000 N Bayshore Dr #401 Address Miami, FL 33137 City/State and Zip Code kjaimes21@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Karla Jaimes 941 350-6909

at (_____)

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KJ ESTATE INVESTMENTS LLC | |
|---|--|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{01/0}{100000000000000000000000000000000$ | 9/2018 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company her | <u>æ</u> : |
| Karla Jaimes LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de- | signation "LLC" 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) 3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: | Cords, enter the name of the new register |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Floria | da street address . Florida |

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.

Citv

Zip Code

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 |
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