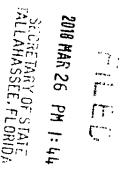
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## **COVER LETTER**

\*:

TO: Registration Se Division of Cor		318 ta <sub>p</sub> ≪t.	
SUBJECT:	JMCK Investr	nents LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Jeff McKee	
		Name of Person	
		Firm/Company	
	53	37 Hornblower Ln	
		Address	
	Long	gboat Key, Fl 34228	
	io	City/State and Zip Code	
	E-mail address: (	ff@mckeeweb.net to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Jeff M	cKee	at (941 ) 587-13	397
Name of	f Person		e Telephone Number
Enclosed is a check for th	ne 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:

1,

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

	CK Investments LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records. rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document numberL18000066159	y Company were filed on <u>March 13, 2</u>	2018 and assigned
This amendment is submitted to amend the following	Ç	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability 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 AD	DRESS)	<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
William Guaress MAT BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	<b>~</b>	enter the name of the new
Name of New Registered Agent:		SEC 16
New Registered Office Address:	Enter Florida street address	FLORA :
	. Flor	44
	City	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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

·MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeff McKee	537 Hornblower Ln	Add
		Longboat Key, Fl 34228	<b>⊠</b> Remove
			Change
MGR	Jeff McKee Irrevocable Tru	st 537 Hornblower Ln	<b>X</b> Add
		Longboat Key, Fl 34228	Remove
			□ Change
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Filing Fee: \$25.00