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19 JAN 11 PH 6: 04

JAN 1 7 2019 S. YOUNG

## **COVER LETTER**

Division of Corporations
SUBJECT: EIK Property management Services  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:
Elic Jones Name of Person
Eik propay maragement Services 4505
4505 Lowe lake Rd Address
Wellarn Fl 32094 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cric Sures  at (280) 365-538    Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S30.00 Filing Fee Scriffied Copy (certified Copy (additional copy is enclosed))

### MAILING ADDRESS:

TO:

Registration Section

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

E: K Property M	ranayeme	OH Services  pany as it now appears on our records.)  Liability Company)	
(Name of the Lim	ited Liabi <b>h</b> ty Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited I Florida document number		y were filed on <u>4/30/18</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
MA			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S BOX)	nIA	
B. If amending the registered agent and registered agent and/or the new registered of			enter: the name of the nev
Name of New Registered Agent:	MA		
New Registered Office Address:		Enter Florida street address	6: <u>Q</u>
		, Flori	ф ·
		City	Zip Code
No. 15 14 14 14 15 1 17 1			

#### 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
CEO	Kelvin Jones	4505 lowe take led	
		Wellborn Fl 32094	<b>▼</b> Remove
	,		Change
MGR	Ecic Jones	4505 lowe lake led	<b>X</b> (Add
(50.		Wellburn £132094	□ Remove
		<del></del>	Change
			🗆 Add
			□ Remove
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			☐ Change

. If amend	ling any other iaforma	tionzenter change(s) he	re: (Attach additio.	nal sheets, if necessary	.)
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(If an effect Note: If	the date inscrted in this blo	date of filing:  t be specific and cannot be pricock does not meet the applicant ment of State's record	icable statutory filing	(optional) re than 90 days after filing, requirements, this date	Pursuant to 605.0207 (3)(will not be listed as the
the recor ) The 90	rd specifies a delayed Oth day after the rec	l effective date, but n ord is filed.	ot an effective ti	me, at 12:01 a.m. (	on the earlier of:
Dated <u></u>	an3	2010	<u> </u>	1/.	
•	Enix		X	hul	
•		Signature of a member or aut	•		
	ERIC V Jone	'5	Ke	lvint.Jones	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00