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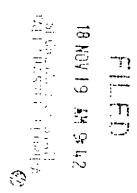
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: KJ	-LK Holding	s, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kenneth (	Orq vec Z Name of Person	
		ings, LLC Firm/Company	
	175 and St	S PHID Address	
	5+ Peters	burg, FL 33701 City/State and Zip Code	
	KJo28 Z @ 7 E-mail address: (	Ehoo, Com to be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
Kenneth Name o	Oravec 2	at (614) 3 4 8 - Area Code Daytime T	- 1016 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJLK Holdings, LL	C		
KJLK Holdings, LL (Name of the Limited Elability Comp (A Florida Limited	any as it now appears on or Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000195779</u> .	y were filed on Angus	+15, 2018 and assigned	ł
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
	- <del></del> -		
The new name must be distinguishable and contain the words "Limited Liab	ifity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		-1	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		1 · 1 · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(Maining ladiress MAT BE A FOST OFFICE BOX)			
	<u>_</u> .		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		records, enter the name of the	<u>1e new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KYLE Oravecz	142 SHAWNEE Pickerington, oH 43147	
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			Change
			Add
			Remove
			Change
********			Change
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ite: If th	ie date inserted in t	his block does	not mee	et the applic	able statuto					
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•	Kenneth	Signature	of a me	mber or auth	orized repres	entative of a m	ember			

Page 3 of 3

Filing Fee: \$25.00