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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

PJK Propert			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kathy Gray		
		Name of Person	<del>.</del>
		Firm/Company	
	69 Apian Way		
		Address	
	Ormond Beach, FL 32174		
		City/State and Zip Code	
	pmeadowpmeadow@yahoo		97
		to be used for future annual report not	incation)
For further information co	oncerning this matter, please c	all:	
Kathy Gray		407 314-1225 at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ S55.00 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		Street Address: Registration Section Division of Corporations	
P.O. Box 632' Tallahassee, F		The Centre of 7	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJK Properties LLC

1111	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on May 26	and assigned
Florida document number 300345210103	·	
This amendment is submitted to amend the following	ng:	5 D
A. If amending name, enter the new name of th	e limited liability company here:	ω
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(IDDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ds, enter the name of the new registered
Name of New Registered Agent:	***	
New Registered Office Address:		
New Registered Office Address.	E . El .1	
New Registered Office Address.	Enter Florida s	
New Registered Office Address.		, Florida
New Registered Agent's Signature, if changing Regi	City	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kathy Gray	69 Apian Way, Ormond Beach, FL 32174	🗆 Add
			■Remove
			□ Change
MGR	Kathy M. Gray RLT FBO Kathy Guy	69 Apian Way, Ormond Beach, FL 32174	<b>=</b> Add
			□Remove
		·	□Change
			□Add
			□Remove
			🗆 Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			🗆 Remove
			□Change

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<del></del>	<del></del>		
	·		***
		<del></del>	
	<del></del>		
Ecc. at the food on the	May 26, 20	120	(4: ul)
Effective date, if other than If an effective date is listed, the date	must be specific and cannot be prior	r to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0207
			nents, this date will not be listed as
		•	
Note: If the date inserted in thi document's effective date on th	c is epartition of island is recursive		
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document's effective date on th		ime, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
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document's effective date on the	ctive date, but not an effective t		