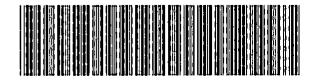
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(Red	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	

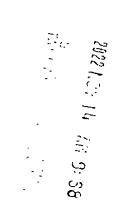
Office Use Only

A. RIVERGE FEB - 1 2023



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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
KAAJPR	OPERTIES LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Laurie Lee		
		Name of Person	
	The Legal Department for	Service Professionals, PA	
		Firm/Company	
	5011 Gate Pkwy Ste 100-	100	
		Address	
	Jacksonville, FL 32256		
		City/State and Zip Code	
	admin@thelegaldepartmen	llaw to be used for future annual report not	
For further information e	oncerning this matter, please c	·	(Heation)
Laurie Lee		904 860-3111	
Name o	f Person		ne Telephone Number
, sality ()	TUSM	Area Code Daytin	ne Telephane 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 Registration S Division of C	Section orporations	<u>Street Address:</u> Registration Se Division of Cor	ction porations
P.O. Box 632 Tallahassee, F		The Centre of T	allahassee e Street, Suite 810
		Z412 IV. IMODEO	c succi. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAAJ PROPERTIES LLC				_		
(Name of the Limit	ted Liability Compa (A Florida Limited I	nv as it now appears on our records.) Jability (Company)				
The Articles of Organization for this Limited L. Florida document number 1.20000192470	iability Company	were filed on July 7, 2020	and	assigne	ed	
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation	n "L.L.C.		
Enter new principal offices address, if applie	450 State Road 13 North Suite 106-440					
(Principal office address MUST BE A STREET ADDRESS)						
(Ринсіраї одисе шитем моют ве полива	<u> </u>	St. Johns, FL 32259				
Enter new mailing address, if applicable:	450 State Road 13 North					
(Mailing address MAY BE A POST OFFICE	(BOX)	Suite 106-440				
	St. Johns, FL 32259					
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our records, enter the	name of the	2022 v r	egistered	
Name of New Registered Agent:	Kendal A Fordham 450 State Road 13 North, Suite 106-440			- 	<u> </u>	
New Registered Office Address:			; <u>د.</u> -	<u>vs</u>	*****	
New Registered Office (Materia).		Enter Florida street address	, <u>,,,</u> ,	87		
	St. Johns	, Florid	a 32259			
		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.

Mendeul Authorn
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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Tective date, i	f other than th	ne date of filing	; <u> </u>		(Op	itional) Nor filing a Poesiant	to 605.026
ote: If the date	inserted in this	block does not m	icet the applica	ble statutory filin	g requirements, 1	ter filing.) Pursuant his date will not b	e listed a
seument's effec	live date on the	Department of St	tate 3 records.				
record executives	a delayed offect	ive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after th
is filed.	a delayed erroe.						
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,	This	2 NUU Signature of a n	-nuch	AL			
				rigad concornatative	ed'a member		

Filing Fee: \$25.00