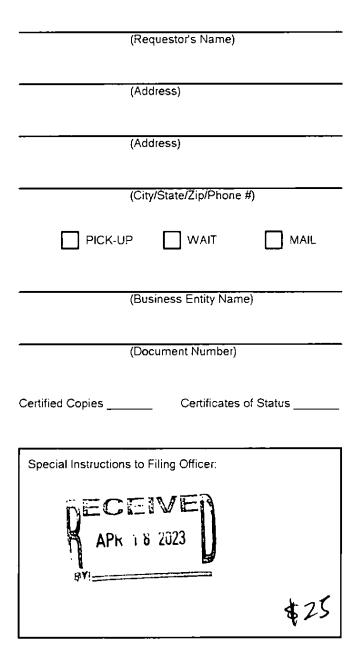
# L20000282102



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## CORPORATE ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

PICK UP: MISTY 4/18

| к рнотосор        | Y               |          |
|-------------------|-----------------|----------|
| CUS               |                 | F-2      |
| K FILING          | LLC AMEND       | 1        |
| 3KL PROPERT       |                 | <u>こ</u> |
| (CORPORATE NAME   | AND DOCUMENT #) | 10:51    |
| (CORPORATE NAME   | AND DOCUMENT #) |          |
| (CORPORATE NAME   | AND DOCUMENT #) |          |
| (CORPORATE NAME A | AND DOCUMENT #) |          |
|                   | ·               |          |
| (CORPORATE NAME : | AND DOCUMENT #) |          |
| (COPPODATE NAME   | AND DOCUMENT #) |          |
| (CORLORATE NAME)  |                 |          |
| AL<br>UCTIONS:    |                 |          |

#### **COVER LETTER**

| TO: Registration S<br>Division of Co    | ection<br>rporations   |   |   |
|---|--|---|---|
| 3KL PRO                                 | PERTIES LLC  |   |   |
| SUBJECT:                                | Name of Lin  | nited Liability Company   |   |
| The englared Agricles of                | · A mond-up and 6-7-2  | and the CV  |   |
|   | Amendment and fee(s) are sub<br>ondence concerning this matter | •   |   |
|   |  |   |   |
|   | FREDERICK, LEONARI   |   | <u> </u>  |
|   |  | Name of Person  |   |
|   | 3KL PROPERTIES LLC   |   |   |
|   |  | Firm/Company  |   |
|   | 1413 N SEACREST BLV  | D   |   |
|   | <del></del>  | Address   | <del></del>   |
|   | BOYNTON BEACH, FL  | 33435   |   |
|   | <del></del>  | City/State and Zip Code   |   |
|   | E-mail address: (  | to be used for future annual report notil                           | ication)  |
| For further information of              | oncerning this matter, please c                                | all:  |   |
| FREDERICK, LEONAL                       | RD G   | 561 969-8434  |   |
| Name o                                  | f Person   | at ()<br>Area Code Daytime  | Telephone Number  |
| Enclosed is a check for t               | ne following amount:   |   |   |
| ■ \$25.00 Filing Fee                    | ☐ \$30.00 Filing Fee &<br>Certificate of Status                | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u><br>Registration S |  | Street Address:   | tion  |
| Division of C                           |  | Registration Sec<br>Division of Corp                                |   |
| P.O. Box 632                            |  | The Centre of T   | allahassee  |
| Tallahassee, I                          | ·L 32314   | 2415 N. Monroe  | Street, Suite 810   |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JKL PROPERTIES ELC   |  |                           |
|--|--|---------------------------|
| (Name of the Limited Lia<br>(A Flo   | bility Company as it now appears on our records.) orida Limited Liability Company) | 21                        |
| `  | , <b>,</b>   |                           |
| The Articles of Organization for this Limited Liabilit   | y Company were filed on 09/09/2020   | and assigned              |
| Florida document number L20000282102   |  |                           |
|  | <del></del> ·  | ယ                         |
| This amendment is submitted to amend the following   | ;  | •                         |
|  |  | <del></del> :             |
| A. If amending name, enter the new name of the l   | imited liability company here:   | ` <u>:.</u>               |
|  |  | <del>2.</del><br>- ∪      |
| The name of the Project Chatter of the State |  | <del></del>               |
| The new name must be distinguishable and contain the words "l  | Limited Liability Company," the designation "LLC" or                               | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                           |
| •  |  |                           |
| Principal office address MUST BE A STREET AD   | DRESS)   |                           |
|  |  |                           |
|  |  | <del> </del>              |
| P  |  |                           |
| Enter new mailing address, if applicable:  |  | <del>"</del>              |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                           |
|  |  |                           |
|  | <del></del>  |                           |
|  |  |                           |
| B. If amending the registered agent and/or registe   | red office address on our records, enter the                                       | name of the new registe   |
| gent and/or the new registered office address here   | <u>e</u> :   |                           |
|  |  |                           |
| Name of New Registered Agent:  |  |                           |
| Traine of the Witegistered Ageill.   |  |                           |
| New Registered Office Address:   |  |                           |
|  | Enter Florida street address   |                           |
|  |  |                           |
|  | , Florid   |                           |
|  | Ciry   | 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, 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>        | Address                 | Type of Action |
|--------------|--------------------|-------------------------|----------------|
| AMBR         | FREDERICK, CHARLES | 1413 N SEACREST BLVD    |                |
|              |                    | BOYNTON BEACH, FL 33435 | ≅Remove        |
|              |                    |                         | □Change        |
|              | ·                  |                         | □Add           |
|              |                    |                         | □Remove        |
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| <del></del>  |                    |                         | ☐Add           |
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|              |                    |                         | □Remove        |
|              |                    |                         | Change         |

| Effective date, if other than the date of filing:  If an offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  APRIL 18TH  2023  Signature of a member or authorized representative of a member |   |   |  |                           | <del></del>           |                       |                           |
|--|---|---|--|---------------------------|-----------------------|-----------------------|---------------------------|
| Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  APRIL 18TH  2023   |   | <u> </u>                                |  |                           |                       |                       |                           |
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| Signature of a member or authorized representative of a member   | Dated APRIL 18TH  |   | . 2023                                 | ·                         |                       |                       |                           |
| Signature of a member or authorized representative of a member   | hur   | 2 Am                                    | <del></del> -                          |                           |                       |                       | _                         |
|  |   |   |  |                           |                       |                       |                           |

Filing Fee: \$25.00