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TO:	Registration Se Division of Corp		~ ~	u
CHD IE4		ijian II Real Estate, LLC		
SUBJEC	O1:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		John Kazanjian II		
			Name of Person	
		John Kazanijian II Real Est	ate, LLC	
			Firm/Company	
		8164 154th Ct N		
			Address	
		West Palm Beach/Florida/3	3418	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		Johnkaz22@yahoo.com		
		E-mail address: (t	o be used for future annual report notif	tication)
For furth	ner information co	oncerning this matter, please ca	di:	
John Ka	zanjian II		561 531-9393 at ()	
•	Name o	f Person	Arca Code Daytim	e Telephone Number
Enclose	d 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Kazanijian II Real Estate, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 8, 2022 Florida document number L20000348418 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: John Kazanjian II, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida

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.

City

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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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record specifies a delayed effective date,	but not an effecti	ive time, at 12:0	l a.m. on the earli	er of: (b) The 90t	h day after the
is filed.					
June 15th	2022				
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