

L22 000513383

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(Address)

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(City/State/Zip/Phone #)

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2023 JUN -9 PM 12:43
SECURITY
FALL 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KJJ FAMILY HOMES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN J JEZIERSKI
Name of Person

KJJ FAMILY HOMES LLC
Firm/Company

15431 CAMBRIA DR
Address

BROOKSVILLE, FL 34604
City/State and Zip Code

DJBYCK@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BYCK at (561) 350-9278
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status
☐ 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
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**

KJJ FAMILY HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JUN 11 - 9 PM 12:10
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/07/2022 and assigned Florida document number L22000513383.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KEVIN JOSEPH JEZIERSKI LLC

The new name must be distinguishable and contain the words "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 ADDRESS)

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:

Name of New Registered Agent: DAVID BYCK

New Registered Office Address: 8401 LAKE WORTH RD

Enter Florida street address

LAKE WORTH, Florida 33467

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

9

AMBR = Authorized Member

1947-1948

100

10

100

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated JANUARY 5, 2023

Signature of a member or authorized representative of a member

KEVIN J. JEZIERSKI

Typed or printed name of signee

Filing Fee: \$25.00