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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

: (323)962-8500

Fax Number

: (323)389-2502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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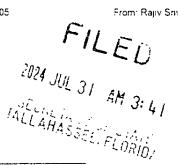
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SUBJECT:		Name of Lim	ited Liability Company	
		mendment and fee(s) are sub	•	
	,	Mike Town		
			Same of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
		katie.jo.neri@gmail.com	City/State and Zip Cixle	
		E-mail address: (to be used for future annual report notifi-	cation)
For further info	rmation cor	ncerning this matter, please ca	ill:	
Mike Town			800 773-0888 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	seck for the	following amount:		
□ \$25.00 Filir	ng 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)
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



KJ HOUSING AND PROPERTY MANAGEMENT LLC

company has been notified in writing of this change

(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 06/01/2023 and assigned Florida document number __L23000267544 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tarman Family Homestead LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2622 NW 1ST AVE Enter new principal offices address, if applicable: CAPE CORAL, FL 33993 (Principal office address MUST BE A STREET ADDRESS) **2622 NW 1ST AVE** Enter new mailing address, if applicable: CAPE CORAL, FL 33993 (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: 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

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	NERI, KATHERINE J.		□ Add
			□ Remove
		2622 NW IST AVE CAPE CORAL, FL 33993	■ Change
AMBR	Cody Tarman	2622 NW 1ST AVE CAPE CORAL, FL 33993	⊟ Add
			☐ Remove
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