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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
HK Propert	ty LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yesenia Merced Gordillo		
		Name of Person	
	Xpert Permits Services Con	ф	
	<del></del>	Firm/Company	
	5359 Pale Horse Dr		
		Address	
	Orlando, FL 32818		
		City/State and Zip Code	<del>*</del>
	xps.yc7@gmail.com		
For further information	E-mail address: ( concerning this matter, please co	to be used for future annual report notificall.	cation)
Yesenia Merced	concerning this matter, prease co	321 247-1707	
	4.0	at ()	70 1 1 Al A
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing 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)
Mailing Addre Registration		Street Address: Registration Sect	tion
Division of C		Division of Corp	
P.O. Box 632	-	The Centre of Ta	ıllahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HK Property LLC		
(Name of the Lim	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited I	iability Company were filed on 04/16/202	and assigned
Florida document number L24000180123		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
JR Property LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
Trinepai Office address NIODI DE TIVILE.		75.00
		ADZH NON SBCRE TAULLAND
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>	mg P
		F 5 2
		<b>三</b>
B. If amending the registered agent and/or	registered office address on our records	
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Xpert Permits Services	<del> </del>
New Registered Office Address:	5359 Pale Horse DR	
	Enter Florida stre	et address
	Orlando	, Florida 32818
	City	Zin Coda

## 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			☐ Change
			∐Add
			□Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

· anic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ve date, if other than the date of filing:
recore	I 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 ed.
ated_	October 31 . 2024.
	Signature of a member or authorized representative of a member
	Hang Kim Thi Wao Typed or printed name of signee

 $(\mu_{ij}) = (\mu_{ij})^{-1} \cdot (\mu_{ij})^{-1} \cdot (\mu_{ij})^{-1}$ 

Filing Fee: \$25.00