L1500008168

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J&K OUTDOOR MAINTENACE 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:
JUSTIN R CONNER
Pirm/Company
5258 NATHAN HALE ROAD
JACKSONVILLE, FLORIDA 32221
City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
JUSTIN R CONNER at (904) 093-0930 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z \$25.00 Filing Fee LI \$30.00 Filing Fee & LI \$55.00 Filing Fee & LI \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

J&K OUTDOOR MAINTENACE LLC

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

(A Floridal Improd Liability Company)

(A rioriga i_inuted	Liabinty Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2500008168}$	were filed on <u>0</u>	10612025	_ and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab J&K OUTDOOR MAINTENANCE The new name must be distinguishable and contain the words "Limited Liab	ELLC	ation "LLC" or the abbre	viation "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)			SECRED A SEC	MESFED 18 PICT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds. <u>enter the name o</u>		<u>eistered</u> ©
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s.	treet address		
	Cav	Florida	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

Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00