

L05 0000 85384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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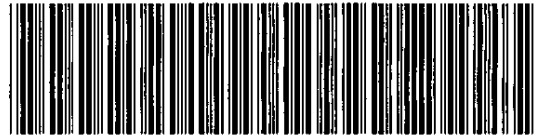
(Business Entity Name)

(Document Number)

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T. HAMPTON  
JUN 12 2009  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KHZ, 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:

Kim Zuccola  
Name of Person

KHZ, LLC  
Firm/Company

PO BOX 2954  
Address

LAKE CITY, FL 32056  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Zuccola at 386 867-1106  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

KHZ, 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 August 29, 2005 and assigned Florida document number L05000085384.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Lori Zuccola VICE-operating Mgr	4743 N US Hwy 441 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Lori Zuccola Secretary		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
Operating MGR	Kim Zuccola	PO Box 2954 LAKE CITY FL 32056	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> SAME
Treasurer	Kim Zuccola		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> SAME

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

Just want Article 9 - "management" on  
KHZ-LLC to be exactly what I have  
on my KLZ-LLC Thank you.  
See ATTACH #1

Dated 6-10, 2009.

Lori Zuccola / Kim Zuccola  
Signature of a member or authorized representative of a member  
Lori Zuccola Kim Zuccola  
Typed or printed name of signee

Attach #1

**ARTICLE 9 - MANAGEMENT**

The Company shall be managed by a manager or manager(s) in accordance with regulations adopted by the member(s) for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The names of all such manager(s) who is/are to serve as manager(s) is/are:

- Operating Manager: Kim Zuccola
- Vice-Operating Manager: Lori Zuccola
- Secretary: Lori Zuccola
- Treasurer: Kim Zuccola

whose addresses shall be the same as the principal office of the Company.

This is KLZ LLC  
would like KHZ LLC  
to be same  
Thank you -

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