

L11000050666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

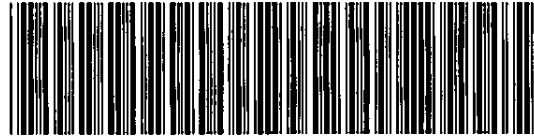
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900255278489

01/06/14--01006--012 **25.00

FILED
2014 JAN -6 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 10 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KINDER VENTURES LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Christopher Walker

Name of Person

KINDER VENTURES LLC

Firm/Company

1328 Hwy A1A

Address

SATELLITE BEACH, FL 32937

City/State and Zip Code

chris32937@gmail.com

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

For further information concerning this matter, please call:

Christopher Walker

Name of Person

at (**321**) **298-6117**

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**

KINDER VENTURES 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 04/29/2011 and assigned
Florida document number L11000050666.

FILED
2011 JAN -6 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Andrew N Lavigne, CPA, PLLC

(Principal office address MUST BE A STREET ADDRESS)

310 N. Aurora Street

Ithaca, New York 14850

Enter new mailing address, if applicable:

Andrew N Lavigne, CPA, PLLC

(Mailing address MAY BE A POST OFFICE BOX)

310 N. Aurora Street

Ithaca, New York 14850

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 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 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:

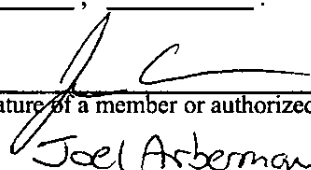
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christopher Walker	1328 Hwy A1A	<input type="checkbox"/> Add
		SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Remove
MGRM	Joel Arberman	Hacienda San Jose	<input type="checkbox"/> Add
		990 Calle Arcada	<input checked="" type="checkbox"/> Remove
		Caguas, Puerto Rico 00727	
MGRM	Andrew N Lavigne	310 N. Aurora Street	<input checked="" type="checkbox"/> Add
		Ithaca, New York 14850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2014 JAN -6 PM 4:56
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

Dated 11/31/13, _____.



Signature of a member or authorized representative of a member
Joel Arberman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN -6 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA