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## **COVER LETTER**

10:	Registration S Division of Co			
SUB 107	Kirkconne	H's Birding Adventures LLC		
or burg	· I ·	Name of Lir	nited Liability Company	_
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	aurn all corresp	ondence concerning this matter	to the following:	
		Karen Kirkconnell		
			Name of Person	
		22401 SW 88 Place Bldg	Firm/Company 27 Unit 3	
			Address	
		Cutler Bay FL 33190		
		k.kirkconnell20@yahoo.co	City/State and Zip Code	2011 TALL
			(to be used for future annual report notification)	2817 JTL
For furth	er information c	concerning this matter, please c	rall:	· A L F
Karen K	irkconnell		305 8462583	
	Name (	of Person	at ()	iberio: W
Enclosed	l is a check for t	he following amount:		
<b>■</b> \$25.0	00 Filing Fee	S30,00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed: Certificational copy is e	Filing Fee, icate of Status & ied Copy and copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, 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

Kirkconnell's Birding Adventures LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on March 1 2017	and assigned
Florida document number L17000048572		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Kirkeonnell Bird Conservancy LLC		
The new name must be distinguishable and contain the words "I imited Lia	bility 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)		28
Enter new mailing address, if applicable:		74. m
(Mailing address MAY BE A POST OFFICE BON)		U
		U U
		<u>ω</u> —
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>er</u> e:	nter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	Cuy	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:	<del></del>	(optio	nal)
effective date is listed, the date must be specific and cannot be pr let. If the date inserted in this block does not meet the app	dicable statutory filing	re than 90 days after 1 requirements, this	iling.) Pursuant to 605. date will not be liste
rument's effective date on the Department of State's recor	ds.		
record specifies a delayed effective date, but he goth day after the record is filed.	not an effective ti	me, at 12:01 a.	m. on the earlie
June 26	·		
!	<del></del>		
Signature of a member or at			
Signature of a member of at	unorizea representative (	of a member	
Kareń:Kirkconnell			

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Filing Fee: \$25.00