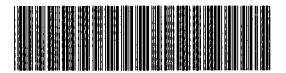
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(Requestor's Name)
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SEDECIANT OF STATE

## **COVER LETTER**

TO: Reg Divi	istration Sec sion of Corp	ction porations				
SUBJECT:		Alexand	der Kurtz, LLC			
		Name of Limit	ted Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		\	/erdon Alexander, Jr.			
			Name of Person			
		Alexand	ler Kurtz & Associates, LL0	2		
			Firm/Company			
11509 N. Rome Avenue						
			Address			
			Tampa, FL 33612	•		
	Ť	City/State and Zip Code				
		V6	ealexjr@earthlink.net o be used for future annual report notif			
				neation)		
For further in	formation co	ncerning this matter, please c	all:			
	Verd	on Alexander	at (_813 )	931-0114		
Name of Person		Area Code & Daytim	931-0114 te Telephone Number			
Enclosed is a	check for the	e following amount:				
<b>₹25.00</b> Fi	ling Fee	S30.00 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 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

Alexander N	uriz, LLC		<del></del>
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears ability Company)	on our records.)	
(			
The Articles of Organization for this Limited Liability Company v	vere filed on	10/04/10	and assigned
Florida document numberL10000103901			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Alexander Kurtz & A	ssociates, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company	y," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
intering matrices intil Del 11 100x 011 100 2019			
B. If amending the registered agent and/or registered offi	ce address on ou	r records, enter	the name of the ne
registered agent and/or the new registered office address here		,	
Name of New Registered Agent:			<del>=</del> -
Nam Davistand Office Address			3 3
New Registered Office Address:	Ente	r Florida street add	lress:
	City	, Florida	n Zip Code
	Chy		
New Registered Agent's Signature, if changing Registered Agent:			<b>高州</b> 5
I hereby accept the appointment as registered agent and agre-	e to act in this car	pacity I further as	ree to comply with
the provisions of all statutes relative to the proper and comple	ete performance o	f my duties, and $I$	am familiar with and
accept the obligations of my position as registered agent as pr	rovided for in Cha	pter 608, F.S. Or,	if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>le</u>	<u>Name</u>	Address	Type of Action
			-
<u> </u>			□ Damassa
			□ Pomovo
			Add
			Remove
fame	nding any other information, ent	er change(s) here: (Attach additional she	ets, if necessary.)
-			
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ed		day &	1 ~ 6
		noun/4-N	re 1 seus
	Signature of	a member or authorized representative of a m	

Page 2 of 2

Filing Fee: \$25.00