## \*L13000025889

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(acontace Link, Marie,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700247579197

05/08/13--01019--021 \*\*25.00

FILEU SECRETARY OF STATE SECRETARY OF STATE

## **COVER LETTER**

TÓ:	Registration Se Division of Cor			
SUBJE	5t	545 Kumai	DAT. LLC.	
00101		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ndence concerning this matter	r to the following:	
		Anthony	M. Barbuto, E	
		<del></del>	Firm/Company	
		12773	W. Forest Hill Address	Blud., #101
		Wellingt	-on, FL 3341 City/State and Zip Code	4
		E-mail address: (	City/State and Zip Code  abarbute bar  to be used for future annual report notifica	butolaw.com
For fur	ther information c	oncerning this matter, please o	call:	
<u>_</u> A	vithony Name o	Barbito fPerson	at (561) 798 - 5 Area Code & Daytime 1	2 90 7 Telephone Number
Enclos	ed is a check for t	he following amount:		
\$25	5.00 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

FILED
2113 HAY -8 PM 2: 36

(Name of the Limited Limited Comp (A Florida Limited	LLC	SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLORIDA
(A Florida Limited	Liability Company)	n dui records.
The Articles of Organization for this Limited Liability Companifornida document number <u>L1300002588</u> 9	ny were filed on	19/13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
KUMQUAT PROPERTIE	S. LLC	
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company.	" the designation "LLC" or the abbreviation
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)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	City	Zip Code
Non-Designation Assessed Company of the second Designation Assessed	-4-	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
			<u></u>
			Add
			Remove
		<del></del>	_ <del>.</del>
			Add
			Remove
<del></del>			Add
			Remove
			<del> , ,</del>
		•	Add
			Remove
			Add
			Remove

). If acc	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	May 6, 2013
	Signature of a member or authorized representative of a member
	Anthony M. Band to Esq.  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED RAY OF STATE SECRETARY OF STATE