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EFECTIVE DATE

JUN 3 0 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor					
Kildare Inv	estment, LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
	ondence concerning this matter				
,	5	Ü			
	Michael Hagen				
		Name of Person			
	Hagen Law Firm				
		Firm/Company			
	6249 Presidential Ct., Ste F	7			
		Address			
	Fort Myers FL 33919				
	:	City/State and Zip Code		क्र	SECI
	info@mikehagen.com E-mail address: (to be used for future annual report notific	ration)	JUN 29	AHA AHA
For further information c	concerning this matter, please ca	all:			25.55 0.55 0.55 0.55 0.55 0.55 0.55 0.55
Michael Hagen		239 275-0808		AM II: 50	三二十 17日 17日 17日 17日 17日 17日 17日 17日 17日 17日
Name o	of Person	at () Area Code Daytime	Telephone Number	50	
Enclosed is a check for t	he 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 St Certified Copy (additional copy is o	atus &	
Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kildare Investment, 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 $\frac{03/04/2003}{1}$ and assigned Florida document number L03000007730 This amendment is submitted to amend the following A. If amending name, enter the new name of the limited liability company here: Kildare Investments, LLC The new name must be distinguishable and contain 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) 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 City

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, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			DRETARY LANASES
			Remove
			Add
			Remove
			☐ Change

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June 28		2016	··		. ,	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00