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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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T. HAMPTON

MAY 13 2011

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	К	& N, LLC		
Sebacer.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	<u>_</u>	leather Anne Ochalel	(
		Name of Person		
		K & N, LLC		
Firm/Company				
		18441 Dorman Road		
		Address	47 <u>~</u>	
		Lithia, Florida 32547	****	
		City/State and Zip Code		
	E-mail address: (to be used for future annual rep	ort notification)	
For further information of	concerning this matter, please of	call:	573 (730 XX)	
Heath	er Anne Ochalek	at (_813)	833-6230 XOO	
Name o	of Person	Area Code &	Daytime Telephone Number	
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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registi Divisio	ING ADDRESS: ration Section on of Corporations	Registration Division of	Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO OF ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE DIVISION OF CORPORATIONS N

11 MAY 12 PM 2: 25

	< & N, LLC
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on November 13, 2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADD</u> E	Lithua Fl 33547
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here: Cather A. Ochalek Cather A. Ochalek Cather Florida street address City Florida 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 us provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 **Title** Name **Address Type of Action MGRM** Managing Member Gerald A. Snyder ☐ Add 4995 58th Avenue South Remove St. Petersburg, FL 33715 MGRM Managing Member Heather Anne Ochalek ✓ Add 18441 Dorman Road Remove Lithia, Florida 32547 ___ Add Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____, ____, 2011 Berself A. Snyder M.M. - G. G. Anyles m.m.
Signature of a member or authorized representative of a member Gerald A. Snyder Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00