## L03000056853

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## **COVER LETTER**

TO:	Registration S Division of Co	ection . rporations		
		CONDATORE LLC		
SUBJ	ECT:		nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		KEVIN CONDATOR	RE	
			Name of Person	
		KEVIN CONDATOR	RE LLC	
			Firm/Company	
		742 GWEN ST		
			Address	
		TALLAHASSEE, FL	32303	
		SGANDY9@MSN.C	City/State and Zip Code  OM	
		E-mail address: (	to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please c	all:	
SHAF	RON CONDA	TORE	850 933-7260	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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 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

## KEVIN CONDATORE LLC

( <u>Name of the Limited</u> (A	Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab L03000056853 Florida document number	ility Company were filed on	003 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
CONDATORE LLC		
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	7.0 <u>-</u>
Principal office address MUST BE A STREET.	ADDRESS)	
		HAZ V
		SEX
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		DA
3. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:		records, enter the name of th
New Registered Office Address:	Enter Florida stree	et address
	Enter Florida stree	et address, Florida Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHARON CONDATORE	742 GWEN ST, TALLAHASSEE, FL 32	23( ■ Add
			□ Remove
			Add
			Remove
-			Add
		FALLAHASS	Remove.
		SEE. FLORIDA	Remove
			□ Add □ Remove
			Add
			Remove

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Page 3 of 3

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