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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Kinberg Mediation & Arbitration Group, Lic.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Kinberg Name of Person  Kinberg v Associates, LLC Firm/Company  1290 W. Fau Gallie Blyd Address  Melbourne 7L 32935  City/State and Zip Code  Mkinberg & Khlegal.com  E-mail address (Nobe used for future annual report notification)
For further information concerning this matter, please call:
Mary Kinberg at (321) 259-1910  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee \$ 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

FILED

12 JAN 20 AM 10: 59 iation v Arbitration Liability Company as it now appears on our records.)

Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Jan 21, 2004 and assigned Florida document number L() 400005829 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kinhera Contractor Training LLC

The new name must be distinguishable and end with the words "Limited Liability Contrany," 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 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

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

