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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
, (Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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AUG 1 6 2013

COVER LETTER

SUBJECT:	KGR, LLC					
SUBJECT:		Name of Limi	ted Liability Company			
		mendment and fee(s) are subr	_			
	,	Dawn Tottel				
			Name of Person			
		KGR, LLC				
			Firm/Company			
		1623 SW 1st Ave.				
			Address		,	
		Ocala, FL 34471				
			City/State and Zip Code			
		dtottel@aol.com				
For further in	nformation con	E-mail address: (to cerning this matter, please ca	o be used for future annual re	port notification)	21:	7
Dawn Tottel			352 732-!			
	Name of P	erson	Area Code	Daytime Telephone Number		
Enclosed is a	check for the	following amount:			ξή ω	
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

KGR, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our records nited Liability Company)	.)
(**************************************	and Zalling Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 2/24/2004	and assigned
Florida document number L04000014532		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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:		
<u> Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>	
		至6. 号
Enter new mailing address, if applicable:	1623 SW 1st Ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34471	010 UT
Maning university BE AT OUT OF I RCL BOAY		
B. If amending the registered agent and/or registere	ed office address on our records	. enter the name of the new
registered agent and/or the new registered office address		,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	City	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 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:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	***************************************		□ Add
			☐ Remove
			Add
			☐ Change
			□ Add
			☐ Remove
			ALUGIC CHange
			COST Address
			Remove Change
			Add
			☐ Remove
			Change
			Add
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			□ Change

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Filing Fee: \$25.00