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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Kathleen Sm.'th LLC 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:					
Kottleen Smith-Buns Name of Person					
Kathleen Smith-Buns LLC Firm/Company					
13800 Park Blvd Address					
Seminole FL 33776 City/State and Zip Code KS Broker @ Tampabay M. Com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (727) 278 - 37 29 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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

FILED SECRETARY OF MATE DIVISION OF CORPOSATION:

10 NOV 29 AM 11: 46

Kathleen Smith	LLC	
(<u>Name of the Limited Lial</u> (A Floi	LLC. bility Company as it now appears or rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on	,
Florida document number <u>LOY 00 00</u> .	<u> 371</u> 64	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Kathleen Smi	th-Buns LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 1	Florida street address
_		, Florida
	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 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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.	
_			SECRETARY OF CARS
Dated	11/18	20/0.	ANII: 46
	Karhlee	nber or authorized representative of a member Sm. + Buns ped or printed name of signee	

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Filing Fee: \$25.00