10000072901

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS |
| SEPT. 13,2010 |
| EXAMINER |

Office Use Only



300181841403

06/28/10--01015--011 **35.00

TABLE LARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Name of Limited Liability Company 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: |
| Susan McClain Name of Person |
| LWM Const. LCC |
| 366-145th Ave |
| Madeire Boh, FL 33708 |
| City/State and Zip Code KMCCLAING + duportbay. Vr. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Sugar McClark at 2262-8629 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{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



July 15, 2010

SUSAN RICHARDS-MCCLAIN P.O. BOX 86333 ST PETERSBURG, FL 33738

SUBJECT: KWM CONSTRUCTION, LLC

Ref. Number: L04000072901

We have received your document for KWM CONSTRUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 910A00016075

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our records.) iability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number 60 4000 729 | were filed on $Oct. 7,200$ and assigned S |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | - 366 145 th Ave |
| (Principal office address MUST BE A STREET ADDRESS) | Madeira Boh FL 33708 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 366 145th AGE Madeira Beh FC 33708 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | ice address on our records, enter the name of the new |
| Name of New Registered Agent: | NA PROBLEM |
| New Registered Office Address: | Enter Florida street address |
| | Florida 70 - C |
| New Registered Agent's Signature, if changing Registered Agent: | City 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address** Type of Action **Title** Name ☐ Add Remove Add 🔲 Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee
Page 2 of 2

Signature of a member of authorized representative of a member

Filing Fee: \$25.00