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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	ion orations , ,		
suвjecт: <u>Kim-E. R</u>	Name of Limi	ted Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Kim-E. Roy		
		(Name of Person)	
	Kim-E. Roy, Ilc		
		(Firm/Company)	
	1881 Manzana Ave		
•		(Address)	
	Punta Gorda, FL 33950		
		(City/State and Zip Code)	
For further information cor	ncerning this matter, please ca	all:	
Kim Roy		at (941) 639-9970	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	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

Kim-E. Roy, IIc			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Compan	y were filed on June 10, 2005	and assigned	
orida document number L05000059907			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lia	bility company here:		
e new name must be distinguishable and end with the words "Lir L.C."	nited Liability Company," the designation "LL	C" or the abbreviat	
ter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)		09 N	
		THE SECTION	
		B 2	
ter new mailing address, if applicable:	•	2 SAFE	
ailing address MAY BE A POST OFFICE BOX)	•	## 880 800	
anne, awares, Militaria		- BAA	
		<u>25</u> €	
If amending the registered agent and/or registered ogistered agent and/or the new registered office address he			
astered agent and/or the new registered office address in	· · ·		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Damon Roy	423 Mataes Dr Punta Gorda, FL 33950 (making managing member)	Add Remove
MGR	Kim Mentley	2212 Ryan Blvd Punta Gorda, FL 33950	Add Remove
MGR	Andrea Poirier	10195 Indian River Rd Ft. Pierce, FL 34982	Add Remove
MGR	Erin Nealiegh	610 SE 26th Terrace CApe Coral, FL 33904	Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, ento	er change(s) here: (Attach additional sheets, if n	SECRETARY OF STATE OF CORPORATE
Dated <u>Feb</u>	ruary 23,	, 2009	95 July 116

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Filing Fee: \$25.00