1_05000059907

| (Re | equestor's Name) | | |
|-------------------------|--------------------|--------------|--|
| | | | |
| (Ad | ldress) | | |
| | | | |
| (Ad | ldress) | | |
| | | | |
| (Ci | ty/State/Zip/Phone | : #) | |
| | | • | |
| PICK-UP | WAIT | MAIL | |
| | | | |
| (Bu | ısiness Entity Nam | ne) | |
| | | | |
| (Do | ocument Number) | | |
| | | | |
| Certified Copies | Certificates | of Status | |
| | - | | |
| | | | |
| Special Instructions to | Filing Officer: | | |
| | Δ. | | |
| | A. L | UNT | |
| OCT - 6 2010 | | | |
| | | | |
| EXAMINER | | | |
| | - • • | THE WEST L | |

Office Use Only



000184827940

09/03/10--01006--001 **30.00



September 7, 2010

KIM ROY 275 BOCA GRANDE BLVD. PUNTA GORDA, FL 33950

SUBJECT: KIM-E ROY, LLC Ref. Number: L05000059907

We have received your document for KIM-E ROY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Letter Number: 210A00021307

Agnes Lunt Regulatory Specialist II

www.sunbiz.org



September 22, 2010

KIM ROY 275 BOCA GRANDE BLVD. PUNTA GORDA, FL 33950

SUBJECT: KIM-E ROY, LLC Ref. Number: L05000059907

We have received your document for KIM-E ROY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 410A00022596

COYER, LETTER

| TO: Registration S Division of Co | | | | | | |
|--|---|---|--------------------|-------------|--------------|-----------|
| SUBJECT: | Kim- | E. Roy, LLC | | | | |
| | Name of Lim | ted Liability Company | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sul | omitted for filing. | | | | |
| Please return all corresp | oondence concerning this matter | to the following: | | | | |
| | | Kim Roy. | <u>-</u> | - '\$\s | 20 | |
| | | Name of Person | | | = | |
| Kim-E. Roy, LLC | | | | ATA ATA | 2010 OCT -5 | آ مين |
| Firm/Company | | | SE SK | | ; | |
| 275 Boca Grande Blvd | | | | PH & | | |
| | | Address | | 83 | 23 | |
| | P | unta Gorda, FL 33950 | | B.w | . (4) | |
| City/State and Zip Code | | | - | | | |
| | | | | | | |
| | E-mail address: (| to be used for future annual report notif | ication) | | | |
| For further information | concerning this matter, please | call: | | | | ~ |
| | Kim Roy | at (941) | 639-9970 | | | I_{m_j} |
| Name | of Person | Area Code & Daytim | | er | | |
| Enclosed is a check for \$25.00 Filing Fee | the following amount: []\$30.00 Filing Fee & | \$55.00 Filing Fee & | []\$60.00 F | iling Fee | | |
| | Certificate of Status | Certified Copy (additional copy is enclosed | Certific Certifie | ate of Stat | | sed) |
| | LING ADDRESS: | STREET/COUR! | | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kim-E. R | | | | | |
|---|---|------------------------|------------|-------------|-------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I. | ny as it now appe Liability Company) | ars on our records. | .) | | |
| The Articles of Organization for this Limited Liability Company | were filed on | June 10, 200 | <u>)5</u> | and assig | gned |
| Florida document numberL0500059907 | | ~ | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company h | ere: | | | |
| Kim-E. Roy, LLC | <u>.</u> | | | | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Com | pany," the designati | on "LLC" | or the ab | breviation |
| Enter new principal offices address, if applicable: | 275 Boca G | rande Blvd | <u>≥</u> Z | <u> </u> | |
| (Principal office address MUST BE A STREET ADDRESS) | Punta Gord | a, FL 33950 | ASSES | <u>-</u> | |
| Enter new mailing address, if applicable: | | | IF STATE | % K ⊗ 2 | Ö |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | (45 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | | our records, <u>en</u> | ter the | name of | the new |
| New Registered Office Address: | • | | | | |
| New Registered Office Address. | F | Inter Florida stree | t address | | |
| | | , Florid | | | |
| | City | | Z | ip 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 = Manager

| MGRM = | Managing Member | • | |
|--------------|---------------------------------|---|-----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Kim Mentley | 2212 Ryan Blvd Punta Gorda, FL 33950 | Add Remove |
| MGR_ | Andrea Poirier | 10195 Indian River Road Ft. Poerce, Fl. 34982 | Add Remove |
| MGR | Erin Nealiegh | 610 SE 26th Terrace Cape Coral, Fl. 33904 | Add ✓ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | ###################################### | Romove 7 |
| D. If ame | nding any other information, en | ter change(s) here: (Attach additional sheets, if necessary) | |
| _ | | | |
| - - | June 1 | . 2010 . | |
| Dated | y y | line. Ron | |
| | Signature of | f a member or authorized representative of a member Kim-E. Roy | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00