LD5000101181

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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE OF STATE OF CORPORATIONS

C. LEWIS
DEC 1 0 2012
EXAMINER

COVER LETTER

TO:

Registration Section¹⁷ Division of Corporations

SURJECT

K & F Properties, 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:

Kenneth E. Klawitter

Name of Person

K & F Properies, LLC

Firm/Company

16702 se 80th Bellavista Circle

Address

The Villages, FL 32162-5312

City/State and Zip Code

kenklaw42@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth E. Klawitter

 $_{at} \underbrace{352}_{552-5802}$

Name of Person

Area Code & Daytime Telephone 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

FILED SECRETARY OF STATE: DIVISION OF COMPORATION

2812 DEC -7 PM 2: 35

(Name of the Limited Liabilia (A Florida	ity Company as it now appears a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Florida document number L05000101181	Company were filed on Oct	tober 13, 2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	ş:
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Ent	er Florida street address
		, Florida

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 TIMES FILED STATE OF STATE OF STATE OF CORPORATION or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member 2812 DEC -7 PM 2: 35 **Type of Action Title** <u>Name</u> **Address Judith Klawitter** 16702 SE 80th **MGRM Bellavista Circle** The Villages, FI 32162 Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Styliston of Colleges	TA tree
-2012 DEC -7 PM 2	745. 35.
December 04 2012	
Kenneth E. Klauville	
Signature of a member or authorized representative of a member KennethE. Klawitter	
Typed or printed name of signee	

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Filing Fee: \$25.00