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EXAMINER JAN 28 2011

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:	KESWICK ENTERPRISES, LLC (existing)					
	Name of Limited Liability Company					
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.					
Please return all corre	espondence concerning this matter to the following:					
	RANDOLPH S. LYON Name of Person					
	Firm/Company (New name)					
	13302 LOST KEY PLACE					
	LAKEWOOD RANCH, FL 34202 City/State and Zip Code					
	Lyan 50 verizon.net E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, please call:					
Randulph	at (941) 907 - 0345 me of Person Area Code & Daytime Telephone Number					
Nar	me of Person Area Code & Daytune Telephone Number					
Enclosed is a check for	For the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status (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

	Or	' ' '
KESWICK En	TERPRISES, LLO	11 JAN 27 PM 2: 56
(Name of the Limited (A	<u>liability Company as it now a</u> Florida Limited Liability Comp	appears on our records) TART UT STATE pany) TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Lia	bility Company were filed o	n_October 17, 2005 and assigned
Florida document number	773	,
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability compar	<u>y here</u> :
	RANDOLPH SLYON	LLC
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability (Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	NIA
(Principal office address MUST BE A STREET	`ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<i>J</i> 1	/ n.
• • • • • • • • • • • • • • • • • • • •		/4-
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	· registered office address	on our records, enter the name of the nev
egistered agein and/or the new registered orn	ce address nere:	
Name of New Registered Agent:	N/K	
Now Popietored Office Address	NIA	
New Registered Office Address:		Enter Florida street address
		DI 11
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re	•	Ξη, σ
vew regimered Agent 9 Signature, it changing re	gistered Agent.	
hereby accept the appointment as registered he provisions of all statutes relative to the proaccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this ci	oper and complete performe ered agent as provided for gistered office address, I he	ance of my duties, and I am familiar with and in Chapter 608, F.S. Or, if this document is

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

<u>le</u>	<u>Name</u>	Address	Type of Actio
	N/A		
			Add Remove
			Add Remove
			— Kelilove
			Add Remove
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If amen	ding any other information, enter	change(s) here: (Attach additional sheets. if necessary.)	
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ed	January 25,	201/	
	<u> </u>	2 organ	
	Signature of a r	member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00