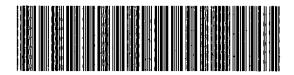
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SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN
OCT - 8 2009

EXAMINER

COVER LETTER

10;	Division of Co			State of the state	
SUBJECT: KZMH		KZMH F	Properties, LLC		
	•	Name of Lim	ited Liability Company		
The en	closed Articles o	of Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	pondence concerning this matter	to the following:		
			Kyle Zuchowski	SECRET TALL AH	FILED PHIZE
1		K	ZMH Properties, LLC	ASSEE	3 R L
			Firm/Company	F	12.
	9801 Recycle Center Rd.				
		allsta E-mail address: (City/State and Zip Code atepallets@bellsouth.net to be used for future annual report notifications.	tion)	
For furt	her information	concerning this matter, please of	<u>-</u>	,	
		/le Zuchowski		70-6560	
	Name	of Person	Area Code & Daytime	elephone Number	
Enclose	ed is a check for	the following amount:			
\$25.00 Filing Fee Certificate of Status MAILING ADDRESS: Registration Section			\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, Certificate of Status Certified Copy (additional copy is en	
		•	STREET/COURIER Registration Section	R ADDRESS:	

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



KZMH Properties, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company were filed on _	June 29, 2006	and assigned	
Florida document numberL06000065	955			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
Zι	uchowski Enterprises, LLC	;		
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Co	mpany," the designation "Ll	.C" or the abbreviation	
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/o registered agent and/or the new registered of	or registered office address o lice address here:	n our records, enter th	e name of the nev	
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member
Title Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Robert J Zuchowski	9801 Recycle Center Rd. Orlando, FL 32824	✓ Add Remove
			Add
*,	A Charles of the Control of the Cont		Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary	7.
·			FIL 09 OCT -7 SECRETAR) LLAHASS
			PM 12: 01
Dated	October 1	2009	TE DA
		mber or authorized representative of a member Kyle Zuchowski yped or printed name of signee	
	13	yped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00