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G. McLEOL

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ECT:	KSUL		
•		Name of Limited	d Liability Company	
The en	closed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	dence concerning this matter to	the following:	
		Dan R	Sylvane of Person	
		KSUL,	上して Firm/Company	
		1847	West Jeffer Address	rion Auc
		Nuperu	City/State and Zip Code D Pox 1:+1e, Cobe used for future annual report notificat	0540
		E-mail address: (to	be used for future annual report notificat	ion)
For fur	ther information cor	ncerning this matter, please cal	l:	
	D au Name of I	Rigby Person	at (430 536 Area Code & Daytime Te	7 & 2 0 elephone Number
Enclos	ed is a check for the	following amount:		
A \$ 25	i.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

KSUL, LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on $8/$	30/200	and ass	igned
Florida document number L 0 6 0000 85 660				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:	The street address Enter Florida street address Florida Florida And assigned and assigned		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," t	he designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:		-	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			ं प्र	+
		_	<i>0</i> 100 dh =:	N = 11 × Ny
Enter new mailing address, if applicable:				et Mare i
(Mailing address MAY BE A POST OFFICE BOX)			aran Server	
			·	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ecords, enter	the name o	f the new
Name of New Registered Agent:		•		
New Registered Office Address:	Enter Fl	lorida street add	lress	
	-		-	
- "	City		Zip Code	<u></u>

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 Changing Registered Agent, Signature of New Registered Agent

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>:

MGR = Manager MGRM = Managing Member Title **Address Type of Action** <u>Name</u> MER 1847 West Jefferson Ave X Add Daniel F Rigby Naperville Il 60540 Remove Remove **5**c 18 12 12:38p

D: If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	12-17- , 2012
	X W/Kgh
	Signature of a member or authorized representative of a member William J Rogby
	William V Rogby Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00