(Requestor's Name)	
(Address)	700193605477
(Address) (City/State/Zip/Phone #)	
	02/18/1101033011 **38.00
(Business Entity Name)	
(Document Number)	
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	FLORIDA
Office Use Only	

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Kex Enter prises, 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:				
Sarah Keck				
Ver Enternises, LLC Firm/Company				
3572 Shudy Brook Lane				
Sarasota, FL 34243 City/State and Zip Code				
SKECK387 Q YANDO. COM				
For further information concerning this matter, please call:				
Savah Keck at (941, 544-7035 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 & Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO · · ARTICLES OF ORGANIZATION OF	
(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 Liability Company were filed on $9/21/06$ Florida document number $_406000092895$	and assigned

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

	name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation		
"L.L.C."	AL SE		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	DE D		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	Zip Code
Registered Agent's Signature, if changing Registe		_p 0000

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 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>			
Mgr	Andrew Keck	3572 Shady Brook LA. Sarasota, FC 34243	Add Xt Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Free Add			
D. If amendi	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary)				
 Dated	Feb.14, 20	<u>11</u> . ko. la				
Signature of a member or authorized representative of a member Savah Keck Typed or printed name of signee						
Page 2 of 2						

Filing Fee: \$25.00