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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Kirland	41083, LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Theresa Conder		
		(Name of Person)	
		(Firm/Company)	
	855 NW 17th Avenue, Si	uite A	
		(Address)	
	Delray Beach, FL 33445		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	all:	
Theresa Conder		at (561) 279-2888	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne 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

Kirland 41083, LLC			
(Name of the Limited Liah) (A Florid	llity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	y Company were filed on 10/24/2006	_ and assig	med
Florida document number L06000103595			
This amendment is submitted to amend the following	g.		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC	or the ab	breviation
Enter new principal offices address, if applicable:		09	SIAID 3S
(Principal office address MUST BE A STREET AD	DRESS)	APR	28.00
		22	유로그
Enter new mailing address, if applicable:		PH	Y OF S
(Mailing address MAY BE A POST OFFICE BOX)			
		7	NS.
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our records, <u>enter the</u> <u>ddress here</u> :	name of	the nev
Name of New Registered Agent:			
New Registered Office Address:	/Futor Florida street addra	ng)	<u></u> .
	(Enter Florida street addre.	53)	
	(City), Florida	(Zip Code)	
	(CIIV)	∠ıp ∪oae)	,

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type (of Action
Mgrm	Kellie McDaniel	3700 Airport Road, #210 Boca Raton, FL 33431	■ Add ■ Ren	i nove
Mgrm	Theresa Conder	855 NW 17th Ave, Suite A Delray Beach, FL 33445	[] Add p	i nove
Mgr	Theresa Conder	855 NW 17th Ave. Suite A Delray Beach, FL 33445	■⑦ Add	i nove
			Ado Ren	i nove
			Add	
	<u> </u>		Add Rem	
D. If amer	nding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	09 APR 22 PM 1	SECRETARY OF SI DIVISION OF CORPOR
		·	l: 57	TATE
	Signature of a	member or authorized representative of a member		
	Theresa Conder	Typed or printed name of signee	 	

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Filing Fee: \$25.00