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(A	ddress)	*****			
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S. HAWKES

APR 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		:			
SUBJECT: Kirland 41012, LLC						
	(Name of Lim	ited Liability Company)				
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	idence concerning this matter	to the following:				
	Theresa Conder					
(Name of Person)						
Kirland 41012, LLC						
		(Firm/Company)				
	855 NW 17th Avenue, Su	uite A				
		(Address)				
	Delray Beach, FL 33445					
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
Theresa Conder		at (561) 279-2888				
(Name of	Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for the	e 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 41012, 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 Liability Company were filed on 10/24/2006 and assigned Florida document number <u>L0</u>6000103623 · This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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 Mañagers 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

Dated	<u>Title</u>	<u>Name</u>	Address	Type of Action
Delray Beach. FL 33445 Mgr	Mgrm	Kellie McDaniel		
Mgr Theresa Conder Add Remove Add Add Remove Add Add Remove Add Add Remove Add Add	<u>Mgrm</u>	Theresa Conder	855 NW 17th Ave, Suite A Delray Beach, FL 33445	Remove
Dated	<u>Mgr</u>	Theresa Conder		Add Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				Add F
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated				
Dated,				
Signature of a member or authorized representative of a member Theresa Conder	D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessa	ry.)
Signature of a member or authorized representative of a member Theresa Conder	_			
Signature of a member or authorized representative of a member Theresa Conder	_			,
Signature of a member or authorized representative of a member Theresa Conder	Dated	, Alue	140 M Cond	
		Theresa Conder	Typed or printed name of clanee	

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Filing Fee: \$25.00