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J. BRYAN

DEC - 3 2010

**EXAMINER** 

## **COVER LETTER**

Registration Section

Division of Corporations				
SUBJECT:	K & B Alafa	ya Associates LLC		
30D0ECT	···	Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Gary Abriola		- Den =
		Name of Person		ESE B TO
	K&I	B Alafaya Associates LL	.c	
	Firm/Company		TARY OF S	
	97	M Someron Bork Drive		AHII: 10 SEE. FLORIE
		800 Semoran Park Drive  Address		- RET :
				<u> </u>
	Wi	nter Park, Florida 32792		
		City/State and Zip Code		
	E-mail address:	to be used for future annual report	notification)	
For further information	concerning this matter, please	call:		
	Gary Abriola	at ( 561 )	414-4130	
Name of Person		at ( 501 ) 414-4130  Area Code & Daytime Telephone Number		r
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 encl-	osed) Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Co Clifton Buildir	orporations 1g e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & B Alat	aya Associates I	_LC	
( <u>Name of the Limited Liability</u> (A Florida L	Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on _ 	November 20, 2006 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ted liability company	<u>here</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Co	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
		LO O	
		AR EC	
Enter new mailing address, if applicable:		SS 2	
(Mailing address MAY BE A POST OFFICE BOX)		mg I III	
	-		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		n our records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	

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.

New Registered Agent's Signature, if changing Registered Agent:

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 Type of Action Title <u>Name</u> Address MGRM Ronald Abriola 800 Semoran Park Drive ☐ Add Winter Park, Florida 32792 ∇ Remove Dennis Abriola MGRM 800 Semoran Park Drive Winter Park, Florida 32792 ✓ Remove Remove Remove \_ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated By Hory Olrusla M (-RM Signature of a member or authorized representative of a member Gary Abriola Typed or printed name of signee

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Filing Fee: \$25.00