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COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT: Kudu H	loldings, LLC		
		ited Liability Company)	
The enclosed Articles of			
Please return all correspondent	ondence concerning this matter	to the following:	
	Elizabeth R. Dun, Regis	tered Agent, MGRM	
		(Name of Person)	
	Kudu Holdings, LLC		
		(Firm/Company)	
	10257 Belcrest Blvd.		
		(Address)	
	Fort Myers, FL 33913		
		(City/State and Zip Code)	
For further information of	concerning this matter, please of	all:	•
Elizabeth R. Dun		at (239) 768-6202	
(Name	of Person)	(Area Code & Daytime T	Celephone Number)
Enclosed is a check for t	he 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)
MAII	INC ADDRESS.	STDEET/COUDIED	A ADDESS.

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Kudu Holdings, 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 Li	ability Company were filed or	February 16, 2007 and assigned	d
Florida document number L07000018610	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability C	ompany," the designation "LLC" or the abbre	 viation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	······································	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE A	<u></u>		
			
B. If amending the registered agent and/or the new registered of		on our records, enter the name of the	e nev
Name of New Registered Agent:			
New Registered Office Address:	10257 Belcrest Blvd.		
		(Enter Florida street address)	
	Fort Myers	, Florida <u>33913</u>	
	(City)	(Zip Code)	

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 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

	<u>Name</u>	Address	<u>T</u>	pe of Action
RM_	Robert T. Merritt	3011 Blackshear Ave. Pensacola, FL		Add Remove
				Add Remove
	·			Add Remove
				Add Remove
			_	Add Remove
				Add
				Remove
If amend	ling any other information, ei			
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	ling any other information, en		ecessary.) SECRETARY DE	Remove

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