L07000022936

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SECRETARY OF STATE
FALL AMASSEE FLORID

J. BRYAN

FEB 2 3 2009

EXAMINER

COVER LETTER

TO:	Registration Sect. Division of Corpo						
SUBJ	SPECIAL KAYE CLOSINGS LLC						
Ç . D 0		Name of Limite	d Liability Company				
The er	nclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.				
Please	return all correspond	lence concerning this matter t	o the following:				
		1	DONALD F. KAYE				
			Name of Person .				
	SPECIAL KAYE CLOSINGS LLC						
	Firm/Company						
	11376 CLAGGETT AVE.			S	5		
	Address			ECRI	~		
		PORT CHARLOTTE, FL 33981-6701		ETAR HASS	EB 22	F	
			City/State and Zip Code		FE.	PH	m
		SPECIALKAYE E-mail address: (to	MARKETING@COMCAST be used for future annual report noting	ST.NET	FLO	ΐ	D
For fu	rther information con	cerning this matter, please ca	•	,	STATE LORIDA	<u>5</u>	
	DONA Name of F	LD F. KAYE	at (941) Area Code & Daytin	474-9507			
				· · · · · · · · · · · · · · · · · · ·			
Enclo	sed is a check for the	following amount:					
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	te of Statu		sed)

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

SPECIAL KAYE O	CLOSINGS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company	were filed on FEBRUARY 28,2007 and assigned		
Florida document numberL07000022936			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
SPECIAL KAYE MA	RKETING "LLC"		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	10 10		
	HAT EB TO		
Enter new mailing address, if applicable:	SSE 22		
(Mailing address MAY BE A POST OFFICE BOX)	F P P		
	S 2. D		
	3 5 5 T		
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the nev		
registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	", Florida		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add ☐Remove
			Add Remove
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.) ————————————————————————————————————
			F 1L 10 FEB 22 ECREJARY
Dated	FEBRUARY 17 , 2	2010	PM 2:57 OF STATE FLORIDA
		er or authorized representative of a member	
		DONALD F. KAYÉ ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00