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K. SALY EXAMINER MAR 1 2011

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Kathe	erine's Bay, LLC			
		mited Liability Company			
The enclosed Article	es of Amendment and fec(s) are s	submitted for filing.			
Please return all cor	respondence concerning this mat	ter to the following:			
		Mary L. Peebles, MGF	<u> </u>		
		Name of Person			
	Katherine's Bay, LLC				
	Firm/Company				
	10630 W. Halls River Rd.				
	Address				
		Homosassa, Fl 34448			
		City/State and Zip Code			
		: (to be used for future annual rep	ort notification)		
For further informat	ion concerning this matter, please	e call:			
Ma	ry L. Peebles, MGR	at (_352)_	287-9229		
Na	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount:				
₹ \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is ea	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Registration Division of Clifton Bui	Corporations Iding Itive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 FEB 28 PH 4: 15

SECRETARY OF STATE

TOST LATIASSIE, FLORIES

ŀ	Katherine's	Bav. LLC	SECRE	17 4:15
(Name of the Limited L (A F	iability Compan Iorida Limited L	y as it now appear ability Company)	s on our records.	TASSEE, FLORIE
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed on	May 16, 2007	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabi	lity company her	<u>e:</u>	
<u> </u>	N/A		-	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	ny," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			ur records, <u>enter th</u>	e name of the new
New Registered Office Address:				
		Ent	er Florida street addr	ess
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the re- company has been notified in writing of this ch	per and complered agent as p gistered office (lange.	ete performance or rovided for in Ch address, I hereby	of my duties, and I ar apter 608, F.S. Or, i	n familiar with and f this document is ited liability

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ian T. Peebles	10630 W. Halls River Rd. Homosassa, Fl 34448	Add Remove
			Add Remove
	*** **** *** *** *** *** *** *** *** *		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
	1		
Dated _	February 19 =	ry L. Parles Marc. Ta prember or authorized representative of a member.	······
	Signatule	Mary L. Peebles	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00