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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
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COVER LETTER

| TO: Registration Sect Division of Corpo | | | |
|---|---|---|---|
| SUBJECT: KBB INV | | | |
| | | ted Liability Company) | |
| | | | |
| The enclosed Articles of Ar | mendment and fee(s) are subr | mitted for filing. | |
| Please return all correspond | dence concerning this matter t | to the following: | |
| | | | |
| | PATRICK A. HILLIARD | | |
| | | (Name of Person) | |
| | KBB INVESTING, LLC | | |
| | | (Firm/Company) | |
| | 4317 OAK VIEW DRIVE | | |
| | | (Address) | |
| | SARASOTA, FL 34232 | | |
| | | (City/State and Zip Code) | - |
| For further information cor | ncerning this matter, please ca | all: | |
| JO ANN M. KOONTZ | | at (941 ₎ 907-0006 | |
| (Name of | Person) | (Area Code & Daytime Te | elephone Number) |
| | | | |
| Enclosed is a check for the | • | | |
| \$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) |
| Registrat Division P.O. Box | NG ADDRESS: tion Section of Corporations 6327 see, FL 32314 | STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KBB INVESTING, 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 Lia | ability Company were filed o | n 7/25/07 | _ and assigned | | |
|--|--|--------------------------------|------------------------|--|--|
| Florida document number L07000076700 | · | | | | |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liability compar | ıy here: | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability | Company," the designation "LLC | C" or the abbreviation | | |
| Enter new principal offices address, if applica | ıble: | | | | |
| (Principal office address MUST BE A STREE | TADDRESS) | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE) | <u></u> | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered of | | s on our records, enter the | name of the new | | |
| Name of New Registered Agent: | JO ANN M. KOONTZ | | | | |
| New Registered Office Address: | New Registered Office Address: 8470 ENTERPRISE CIRCLE, SUITE 201 | | | | |
| | (Enter Florida street addre | ess) | | | |
| | BRADENTON | , Florida <u>3420</u> | 2 | | |
| | (City) | | (Zip Code) | | |
| New Registered Agent's Signature, if changing F | legistered 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)

Page 1 of 2

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 = Mai $MGRM = M$ | nager Ianaging 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 amend | ding any other information, enter cha | nge(s) here: (Attach additional sheets, if necessa | ary.) |
| | | | 09.APR 20 PH 2 SECRETARY OF ST |
| Dated | 4/14, 200 Plkel | 9 | 1 2: 39 STATE |
| | Signature of a mem | ber or authorized representative of a member | |
| | PATRICK A. HILLIAR | D sed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00