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SECRETARY OF STATE STATE OF CORPORATIONS
08 JUN 23 PM 2: 25

J. BRYAN

JUN 2 4 2008

EXAMINER

COVER LETTER

Division of Cor	porations		
SUBJECT: The Ko	rn Family Investmen	nt Company, LLC ited Liability Company)	
	(Name of Lim	ned Elaomity Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	•
	Tyler B. Korn		<u></u>
		(Name of Person)	OB JUN 23 PM 2: 25
	(Firm/Company)		
	5150 Tamiami Trail N., Suite 302		
	· · · · · · · · · · · · · · · · · · ·	25	
	Naples, FL 34103		
	. .	(City/State and Zip Code)	•
For further information c	oncerning this matter, please c	all:	
Tyler B. Korn, Esq.		at (239) 354-4300	
(Name of Person) (Area Code & Daytime Telephone Number)		elephone Number)	
Enclosed is a check for the	ne 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)

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



The Korn Family Investment Company, 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 Liability Company were filed on 2-29-08 and			
Florida document number <u>I 08000021974</u>	+		
This amendment is submitted to amend the following	;:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ls, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florid	a 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 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 <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGRM Tiara Silverblatt 1606 Vivian Lane Remove) Louisville, KY 40205 ☐ Add Remove _ Add Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 29 2008 Signature of a member or authorized representative of a member Tyler B. Korn, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00