L080000 49932

(Re	equestor's Name)
(Ad	Idress)
(Ad	idress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT
	NOV 2 7 2012
	EXAMINER

Office Use Only



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LALLAMASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Klewell Properties Inc

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Klaus

Name of Person

Brandes Design Build INc

Firm/Company

2151 Ne Coachman Road

Address

Clearwater Florida 33765

City/State and Zip Code

kevin@brandesengineering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin M Klaus

,,,813,277-6152

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

Klewell Properties LLC					
(Name of the Limited I (A F	iability Compar Torida Limited L	y as it now appears on our reability Company)	ecords.)	-	
The Articles of Organization for this Limited Liab Florida document number <u>L08000049932</u>	bility Company	were filed on 5/19/2008	and	assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:		26121	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the de-	signation "LLC" or t	he abbrevia	tion
Enter new principal offices address, if applical	ole:	2151 NE Coachman		- 678 678	
(Principal office address MUST BE A STREET	ADDRESS)	Clearwater Florida 3	3765 <u></u> 图图	:K	,
Enter new mailing address, if applicable:		2151 NE Coachman		<u>생기</u>	_
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Clearwater Florida 33	765		_
B. If amending the registered agent and/or registered agent and/or the new registered office			s, enter the nam	e of the r	<u>-</u>
Name of New Registered Agent:	Kevin M Kla	us			_
New Registered Office Address:	2151 NE co	achman Road			
		Enter Florida	street address		_
	Clearwater	, H	Florida 33765		
		City	Zip C	ode	_
New Registered Agent's Signature, if changing Re	gistered 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 pry 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 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	Hewell Patrick	4710 N Grady Ave	Add
		Tampa FL 33614	Remove
MGR	Carol J Klaus	2151 Ne Coachman Road	Add
		Clearwater FI 33765	Remove
MGR	Jennifer L Klaus	2151 Ne Coachman Road	Add
		Clearwater FI 33765	Remove
MGR	Megan C Klaus	2151 Ne Coachman Road	- ✓ Add
		Clearwater FI 33765	Remove
			- Add
		ALL HASSE	Remove
		E O S O S O S O S O S O S O S O S O S O	Add 7
			Remove

If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
November 40	0040
November 19	
Signature	of a member or state of a member
Kevin M Klaus	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2812 NOW 21 MIN 11: 64