108000053737

| | (Red | uestor | s Name) | <u> </u> | | |
|---|---------|-----------|---------------|----------|------------|---------------|
| | (, , , | 4400101 | | | | |
| <u> </u> | | | , | | | |
| | (Add | lress) | | | | |
| | | ٠ | | • | | |
| • | (Add | ress) | | ·. | | |
| | , 1 | | | | | |
| | (City | //State/z | ip/Phon | ie #) | | |
| | | | | | - | • |
| PICK-L | jΡ | | VAIT | * | <u></u> МА | dL |
| | | | | ٠ | | • • |
| * * | Rus | siness F | : ntity Na | me) | | . |
| | (124) | 3111033 E | incley Incl | | | |
| | | | | | | |
| | (Dod | cument | Number) |) | | |
| | | | | , | | |
| Certified Copies | | _ C | ertificate | s of S | tatus | |
| | | | | | | |
| Special Instruction | | Eilina Of | ficor | | | |
| Special ilistruction | 15 10 1 | -iiiig Oi | iicei. | | | • |
| `4 | • | | | | | |
| | | • | | • | • | |
| ** | | | • | | | ł |
| | | | | | | |
| | | | | | | - 1 |
| • | | | | | • | |
| | | ··· | | | | |

Office Use Only



100183105721

07/19/10--01060--002 **25.00

10 JUL 19 PH 11:22

D. BRUCE

JUL 20 2010

EXAMINER

COVER LETTER:

| SUBJECT: K & M Accounting, LLC 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: Michelle Baker Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number | | | | | | | | • [| | | | ection rporations | O: Registration S Division of Co |
|---|------------|----------|------|-----|-------|------------|------------------|-------------|----------------|--------------------|--|----------------------|---------------------------------------|
| Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: Michelle Baker Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | · | | | | | | inting, LLC | K & M Acc | | JBJECT: |
| Michelle Baker Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: | | | | | | _ | | | | bility Company | Name of Limited | | |
| Michelle Baker Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: | | | | | | | | | | | | • | |
| Michelle Baker Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: | | | | | | | | , , | • | for filling. | nd fee(s) are subm | f Amendment an | e enclosed Articles of |
| Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: | | | | | | <u>:</u> . | . · | :-, , | | follöwing: | ning this matter to | ondence concer | ease return all corresp |
| Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: | | | | | | • | | | | | | • | |
| Name of Person K & M Accounting, LLC Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: | | | | | | | | | • | chelle Baker | * | | |
| Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | , | | | | | | • | | | | | • |
| Firm/Company 15390 Remora Drive Address Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | | | | • | | .LC | Accounting. | K& | | ¥ |
| Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | , | | | | | , | | | | |
| Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | • | | | | • | . • | : , | 1 | 14.4 | | | · | |
| Bonita Springs, FL 34135 City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | | | | | | /e | | 15 | | ·: |
| City/State and Zip Code MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | | | | | ; | | 1100100 | | | |
| MBaker@kandmaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | | | | | | | | | ···· | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | | | | | | | · | | * | • |
| For further information concerning this matter; please call: Michelle Baker at (239) 682-5144 | | | | | | _ | | (ification) | ng.cor | andmaccoun | MBaker(| | |
| Michelle Baker at (239) 682-5144 | | | | 477 | | | | 1 | report no | ca for future aima | | 1 | *** |
| Name of Person | | 5 | 3 | | | • | | | • | | matter; please cal | concerning this | r further information |
| Name of Person | | = * | . [| 部 | | | 5144 | 682- | | at (239) | r ·r | ichelle Bake | М |
| | ram maj | 5 P | ľ | SS | | nber | hone Nur | me Telep | le & Dayt | _ ••• \ | ······································ | | · · · · · · · · · · · · · · · · · · · |
| | ا | 2 1 | | | , | | | | | • | • | | • |
| Enclosed is a check for the following amount: | 3 | | | 200 | 0 | - | | | | : | nount: | the following an | closed is a check for |
| ▼ \$25.00 Filing Fee ↑ \$30.00 Filing Fee & ↑ \$60.00 Filing Fee & ↑ \$60.00 Filing Fee | | , | 2 | | F.68 | Filing |]\$ 60.00 | , Г | & . | 55.00 Filing Fe | | ·: | |
| Certificate of Status Certified Copy Certificate of Status & (additional copy, is enclosed). Certified Copy. | | | , | | of St | ficate o | Certi | ad) | | Certified Copy | | | |
| (additional copy is enclosed) (additional copy is enclosed) | | ;d) | lose | | | | | · · | IS CHUIOS | .(авинионац;сор) | | • | <u></u> |
| | | | | | | | | | | | | | |

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

| K & M Accou | inting, LLC | | |
|--|---------------------------------------|-------------------------|--|
| (Name of the Limited Liability Compar (A Florida Limited L | iability Company) | es on our records. | , |
| he Articles of Organization for this Limited Liability Company | were filed on | May 30, 200 | 8 and assigned |
| | . * | | ······································ |
| orida document number L08000053737 | • | | |
| | , | 1 | |
| is amendment is submitted to amend the following: | • | | |
| If amending name, enter the new name of the limited liab | lity compony ho | | |
| if amending name, enter the new name of the minued hap | nty company ner | <u>e</u> . | |
| | · · · · · · · · · · · · · · · · · · · | | |
| ne new name must be distinguishable and end with the words "Limit". L.C." | ed Liability Compa | my," the designation | on "LLC" or the abbreviation |
| olin Co | | 1. | |
| nter new principal offices address, if applicable: | 15390 Remo | ra Drive | |
| rincipal office address MUST BE A STREET ADDRESS) | Bonita Spring | s, FL 34135 | |
| | | | Ag = · |
| | · · · | | |
| Section of the following section at the section of | 45000 D | D.: | |
| nter new mailing address, if applicable: | 15390 Remo | | <u> </u> |
| failing address MAY BE A POST OFFICE BOX) | Bonita Spring | js, FL 34135 | |
| | | | |
| • | | | |
| If amending the registered agent and/or registered of | | our records, <u>ent</u> | |
| gistered agent and/or the new registered office address her | | | |
| | | | |
| Name of New Registered Agent: | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| New Registered Office Address: | | i i i | * ddans |
| the same of the sa | En | iter_Flörida street | auaress |
| | | , 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 **Type of Action** Title <u>Address</u> Name ☐ Add Remove ☐ Add Remove ∏ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 14 2010 Dated Michelle Baker Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00