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EXAMINER

DIVISION OF CORPORATIONS

10 OCT 15 PM 1: SE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kings (owt 6,0wn 5 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
OeeDee Jones Name of Person
Kings Court Growns Firm/Company
3679 Wellington Lane
Barton FL 33830 City/State and Zip Code Sales @ Kings Court gown S. Com
E-mail address: (to be used for future-annual report notification)
For further information concerning this matter, please call:
Name of Person at (863) Let 7-8456 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$}\$\$\$ \$60.00 Filing Fee, \text{Certified of Status & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$}\$

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

1000	Telon of Constitution	į
 -	84 4: 55	うかがま

		ns, LLC		
(Name of the Limited L	<u>Liability Company</u> Florida Limited Lia	as it now appear bility Company)	rs on our records.)	5
The Articles of Organization for this Limited Lia Florida document number <u>L08()000 656</u>	bility Company w			and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	l Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		, ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	•
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Dee Dee	Jones	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
	Enter Florida street address			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re- company has been notified in writing of this co	oper and comple tered agent as pr egistered office a	te performanc ovided for in (ddress, I herel	e of my duties, and I d Chapter 608, F.S. Or,	m familiar with and if this document is

Page 1 of 2

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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Gwendolyn M. Blessing	3679 Wellington Lane Baytow, PL 33830	Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
···		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amend	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	<u> </u>
Dated	tober 18 , 201	IO	
	Deenes	2 Jones	
	DeeDee	Torus or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00