L08000067759

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
•	·	
(Cit	y/State/Zip/Phone	a ff)
(OIL	y/Otate/Zip// Hom	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
`	•	,
(/)-		
(D0	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	

Office Use Only



100163121581

12/02/09--01015--008 **30.00



S. HAWKES
DEC - 3 2009
EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJECT: K.I.S. JEWELRY, LLC				
50201			ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
	DARLENE MCLEAN			
Name of Person				
к		K.I.S. JEWELRY, LLC		
Firm/Co		Firm/Company		
		204 (CHARLEMAGNE CIRCLE	
Address				
		PON	NTE VEDRA BEACH, FL	
			City/State and Zip Code	
		kis	jewelry@bellsouth.net to be used for future annual report not	
				iffication)
For fur	ther information	concerning this matter, please of	call:	
	DAF	RLENE MCLEAN	at (_904_)	728-2449
•	Name	e of Person	Area Code & Dayti	me Telephone Number
Enclos	ed is a check for	the following amount:		
\$25	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.I.S. JEWE	ELRY, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company			
Florida document numberL08000067759	18. S.		
This amendment is submitted to amend the following:	景がん		
A. If amending name, enter the new name of the limited liabi	lity company here:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	204 CHARLEMAGNE CIRCLE		
(Mailing address MAY BE A POST OFFICE BOX)	PONTE VEDRA BEACH, FL 32082		
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new		
registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Emer Proridu street adaress		
	. Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager

MGRN	A = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			in Dald
			Add Remove
			Aad Remove
	<u> </u>		Add Remove
D. If a	mending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
	CHANGE OF ADDRESS FOR DA	ARLENE MCLEAN, MGRM	_
	204 CHARLEMAGNE CIRCLE		<u> </u>
	PONTE VEDRA BEACH, FL 320	82	
D . 1	11/24	2009	
Dated _	Darle	u ML	
	Signature of a me	mber or anthorized representative of a member	
		DARLENE MCLEAN yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00