# #L08000069155

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500200354115

04/06/11--01022--009 \*\*60.00

FILED

11 APR -6 PM 2: 57

SECRETARY OF STATE

K. SALY EXAMINER APR 8 2011

## **COVER LETTER**

TO: Registration So Division of Co	ection rporations				
SUBJECT:		KK, LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul				
	ondence concerning this matter	•			
		Sunny Cavanaugh			
		Name of Person	<del></del>		
-	SKK, LLC				
		Firm/Company			
		352 Segovia Drive			
		Address			
	P	unta Gorda, FL 33950			
•		City/State and Zip Code			
•	E-mail address: (	avanaughva@comcast.net to be used for future annual report notifica	tion)		
For further information of	concerning this matter, please of				
	ny Cavanaugh	at ( 941 ) 9' Area Code & Daytime T	16-1009		
Name C	of Person	Area Code & Daytime 1	elepnone Number		
Enclosed is a check for t	he 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

FILED 11 APR -6 PM 2: 57

( <u>Name of the Limited Liability C</u> (A Florida Lin	KK, LLC ompany as it now appears on our r nited Liability Company)	PECHETARY OF STATE PCORDS ALLAHASSEE, PLORIDA		
The Articles of Organization for this Limited Liability Cor Florida document numberL08000069155		7, 2008 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
	n/a			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the de	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	352 Segovia Drive			
(Principal office address MUST BE A STREET ADDRE	SS) Punta Gorda, FL 339	Punta Gorda, FL 33950		
Enter new mailing address, if applicable:	352 Segovia Drive			
		Punta Gorda, FL 33950		
(Mailing address MAY BE A POST OFFICE BOX)	Fullia Golda, I L 333	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ds, enter the name of the new		
Name of New Registered Agent: Kelly A	nn Cavanaugh			
New Registered Office Address: 3051 C	Carmello Avenue			
	Enter Florida street address			
	Orlando	Florida 32814		
	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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kelly Ann Cavanaugl	h 3051 Carmello Avenue Orlando, El 32814	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · ·			□ D amazua
			Add Remove
D. If an	nending any other information, o	enter change(s) here: (Attach additional sheets, if nec	essary.)
	The membership interests	and/or economic interests of the members sl	nall be
	amended to reflect the cha	nges as stated in the attached Amended	
Dated _	March 18		
	Signature	of a member or authorized representative of a member	
		Sunny Cavanaugh Typed or printed name of signee	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

#### AMENDED SCHEDULE 4.4

# NAMES, ADDRESSES AND MEMBERSHIP INTERESTS AND/OR ECONOMIC INTERESTS OF THE MEMBERS

	Membership	Economic
Member Name and Address	Interest	<u>Interest</u>
SUNNY CAVANAUGH	90%	90%
25166 Marion Avenue #114		
Punta Gorda, FL 33950		
KYLE CAVANAUGH	5%	5%
c/o Sunny Cavanaugh		
25166 Marion Avenue #114		
Punta Gorda, FL 33950		
KELLY ANN CAVANAUGH	5%	5%
3051 Carmello Avenue		
Orlando, FL 32814		