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(City/State/Zip/Phone #)

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APR - 7 2009

EXAMINER



500148523425

04/06/09--01019--025 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR -6 PM 3:46

# K. P. Burke, LLC

126 Via Quanteria, Palm Beach Gardens, FL, 33418

Cell - 561-602-3295 Fax- 561-799-9215

[kpburkellc@gmail.com](mailto:kpburkellc@gmail.com)

[www.kpburkellc.com](http://www.kpburkellc.com)

3-30-2009

To: State of Florida  
Registration Section

Re: Name change for Florida.ren, LLC to;  
K.P. Burke, LLC

To whom it may concern,

I have attached the necessary documents and the \$25 fee to change the  
Name of my Florida.ren, llc to K.P. Burke, LLC.

Regards,

Kevin Burke  
Cell – 565-602-3295

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA REN, 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:

KEVIN BURKE  
(Name of Person)

K. P. BURKE, LLC  
(Firm/Company)

126 VIA QUANTERA  
(Address)

PACIFIC BEACH GARDENS, FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN BURKE at (561) 602-3295  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FLORIDA PEN, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-29-2008 and assigned  
Florida document number LD8000081892

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

K. A. BURKE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAVE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAVE

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DIVISION OF CORPORATIONS  
09 APR - 6 PM 3:46

**B. If amending the registered agent and/or registered office 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:

SAVE

New Registered Office Address:

(Enter Florida street address)

, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 4-6-, 2009.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

KEVIN BURKE  
\_\_\_\_\_  
Typed or printed name of signee