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| (Requestor's Name)                      |                    |                                       |  |  |  |
|---|--------------------|---------------------------------------|--|--|--|
| (Ad                                     | dress)             | · · · · · · · · · · · · · · · · · · · |  |  |  |
| (Ad                                     | dress)             | • ****                                |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)                                  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL                                  |  |  |  |
| (Bu                                     | siness Entity Nar  | me)                                   |  |  |  |
| (Do                                     | cument Number)     |                                       |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status                           |  |  |  |
| Special Instructions to Filing Officer: |                    |                                       |  |  |  |
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NUBREBURY OF STATE
TALLAHASSEE, FLORIDA

**C. LEWIS**OCT 23 2308

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations  |      |  |  |  |  |  |
|---|------|--|--|--|--|--|
| SUBJECT: K. Bruno Estate, LLC   |      |  |  |  |  |  |
| (Name of Limited Liability Company)   |      |  |  |  |  |  |
|   |      |  |  |  |  |  |
| the enclosed Articles of Amendment and fee(s) are submitted for filing.   |      |  |  |  |  |  |
| lease return all correspondence concerning this matter to the following:  |      |  |  |  |  |  |
| Patricia Touch stone (Name of Person)   |      |  |  |  |  |  |
| Strategic Corporate Services Plus, Inc  |      |  |  |  |  |  |
| 1500 Ave F Suite 3 (Address)  |      |  |  |  |  |  |
| Ely , Nevada 87301<br>(City/State and Zip Code)   |      |  |  |  |  |  |
| For further information concerning this matter, please call:  |      |  |  |  |  |  |
| Atricia Touch Stone at (\$166) 310 - 7269 (Name of Person) (Area Code & Daytime Telephone Number)   |      |  |  |  |  |  |
| nclosed is a check for the following amount:  |      |  |  |  |  |  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} | sed) |  |  |  |  |  |

MAILING ADDRESS:

TO: Registration Section

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

2000 OCT 20 PM 3: 25

| •   | v  | <b></b>                        |                                 |                                       | . 3 1 5                                |
|---|--|--------------------------------|---------------------------------|---------------------------------------|--|
| K. Bruno Esto<br>(Name of the Limited Lia)<br>(A Flori  | e LL                                     | My as it now a                 | Mess on our r                   | JEERE IA<br>TALLAHAS<br>cords)        | SEE. FLORIDA                           |
| The Articles of Organization for this Limited Liabili   |  |                                |                                 |                                       |  |
| _   |  | were tited on                  | 7-2                             | <u> </u>                              | _ and assigned                         |
| Florida document number <u>LOSOOO 836</u>   | 227.                                     |                                |                                 |                                       |  |
| This amendment is submitted to amend the following  | g:                                       |                                |                                 |                                       |  |
| A. If amending name, enter the new name of the  | limited lish                             | ility company                  | hers:                           |                                       |  |
| K. Bruno Estates L. The new name must be distinguishable and end with the   | <u>LC</u>                                | at Links                       | 74.4                            | . A. Mara                             |  |
| "L.L.C."  | words "Limi                              | ted Liability Co               | mpany," Die de                  | signation "LLC                        | " or the abbreviation                  |
| Enter new principal offices address, if applicables   | :  | nIn                            |                                 | <u> </u>                              |  |
| (Principal office address MUST BE A STREET AL   | DRESS)                                   | ·-                             | <del>-</del>                    |                                       |  |
|   |  | · <del></del>                  |                                 |                                       |  |
| Enter new mailing address, if applicable:   |  | NA                             |                                 |                                       |  |
| (Mailing address MAY BE A POST OFFICE BOX   | 2  |                                |                                 |                                       |  |
|   |  |                                |                                 | · · · · · · · · · · · · · · · · · · · |  |
| B. If amending the registered agent and/or re-<br>registered agent and/or the new registered office a   |  |                                | on our record                   | s, enter the                          | name of the new                        |
|   |  | <b></b>                        |                                 |                                       |  |
| Name of New Registered Agent:   | N/A                                      |                                |                                 |                                       | ······································ |
| New Registered Office Address:  | <del> </del>                             |                                | ·                               |                                       |  |
|   |  |                                | (Enter Florida                  | a street addres                       | 3)                                     |
| *******   |  | (City)                         | , F                             | Torida                                | 7in Codel                              |
| New Registered Agent's Signature, if changing Regist  | erred Aments                             | (City)                         |                                 | (                                     | Zip Code)                              |
|   |  |                                |                                 |                                       |  |
| I hereby accept the appointment as registered age<br>the provisions of all statutes relative to the proper<br>accept the obligations of my position as registered<br>being filed to merely reflect a change in the regist<br>company has been notified in writing of this chang | and compl<br>i agent as p<br>ered office | ete performa<br>rovided for ir | nce of my dutie<br>Chapter 608, | es, and I am f<br>F.S. Or, if th      | amiliar with and<br>is document is     |
| · -   | <u>(it Ĉba</u>                           | 1/19                           | Agent. Signatur                 | e of New Besieh                       | ered Arent                             |
|   | (11 C#81                                 | A-nE urfineten                 | ·- Sear NEDSHIE                 | A I LAND STEED                        | era creati                             |

Page 1 of 2

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 = M<br>MGRM = 1 | anager<br>Managing Member               |  |                  |
|---------------------|---|--|------------------|
| <u>Title</u>        | Name                                    | Address  | Type of Action   |
|                     | <u> </u>                                |  | Add Remove       |
|                     |   |  | Add Remove       |
| . <u></u>           |   |  | Add Remove       |
|                     |   |  | Add<br>Remove    |
|                     |   |  | Add Remove       |
|                     |   |  | Add<br>Remove    |
| D. If satisfied     | ding any other information, enter chang | e(s) here: (Attach additional sheets, if necessary.) |                  |
|                     |   |  |                  |
|                     |   | آ<br>**  | 2000 OCT         |
| Dated               | Signature of a member                   | or authorized representative of a member             | 20 PI            |
|                     |   | or printed name of signee                            | 13: 25<br>13: 25 |

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Filing Fee: \$25.00