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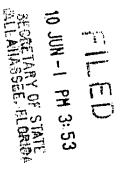
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J. BRYAN

JUN - 2 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	KABS G	KABS GOODWILL LLC	
SUBJECT:		ited Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	ADET	OLA ADEYANJU-ISHOLA	
		Name of Person	
	K	KABS GOODWILL LLC	
	Firm/Company		
	280	2806 EAST BEARSS AVE	
		Address	10 JUN-1 PN 3: 53
		TAMPA, FL 33613	
		City/State and Zip Code	
	F-mail address: (ola@goodwillus.com to be used for future annual report notification)	
For further information	concerning this matter, please of		
	ADEYANJU-ISHOLA	at (813) 420-5885	
Name	of Person	Area Code & Daytime Telephone Nu	umber
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy (additional copy is enclosed) Certified Copy	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KABS GOODWILL 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 Liab	ility Company were filed on	9/18/2008	and assigned	
Florida document numberL080000892	<u>51</u> .			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company	," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
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> Address Type of Action <u>Name</u> KOLAWOLE ISHOLA **MGRM** ✓ Add
☐ Remove 17918 BURNT OAK LN LITHIA, EL33547 ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 24th 2010 Dated ___ ADETOLA ĂDEYANJU-ISHOLA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00