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KBALY EXAMMER JAN 12 2012

COVER LETTER

TO:	Registration Sectorial Division of Corp					
SUBJE	· C · T·	Kingfishe	r Outfitters, LLC.			
		Name of Limi	ted Liability Company	***************************************		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
			William L. Burton		_	
Name of Person						
iswimbikerun.com						
	-					
			Address		-	
Indian Harbour Beach, Florida 32937						
			City/State and Zip Code		_	
	wlburton@gmail.com E-mail address: (to be used for future annual report notification)					
		,	-	nourication)		
For fur	ther information cor	ncerning this matter, please c	all:			
	Willia	m L. Burton	at (_321_)	505-9050		
	Name of I	Person	Area Code & Day	ytime Telephone Numbe	<u> </u>	
Enclose	ed is a check for the	following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &	

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

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SECRETARY OF STATE

ŧ	Kingfisher Ou	itfitters, LLC.	SECR	ETARY OF
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records A	MASSEE, FLORIDA
The Articles of Organization for this Limited Florida document numberL0800010	Liability Company		44 /04 /0000	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	e:	
	iswimbikerur	n.com, Ilc.		
The new name must be distinguishable and end w "L.L.C."	vith the words "Limi	ited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	icable:	n.a.		
(Principal office address MUST BE A STRE	ET ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		n.a.		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	n.a.	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	n.a.			
•		Ent	ter Florida street add	ress
			, Florida	
		Citv		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 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 = Ma MGRM = N	nager Managing Member	· ·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			TID amous
			AddRemove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheet	s, if necessary.)
Dated	January 9	, <u>2012</u>	
	Signature o	f a member or authorized representative of a men	nber
		William L. Burton Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00