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EXAMINER



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SECRETÁRY OF STATE OIVISION OF CORPOSATIONS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: KASE	PLEOF LLC (Name of Limi	ted Liability Company)	
,			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Dobres K	rubm	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		(Name of Person)	
	KriseLeon	e FTC	
		(Firm/Company)	
·	222 0 12-4	- C > P 1 O	
	_333-B Wes	T COCCO KOPCH CSWC (Address)	
	Coron Board	(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	ıli:	
DOIDRE KRU	hm	at (321) 799-979	7
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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)
Registra Division P.O. Bo	ntion Section n of Corporations x 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	-C	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900008017</u> .	were filed on <u>1/23/2009</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
NA		
The new name must be distinguishable and end with the words "Limit" L.L.C."	,	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		09
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered of		DETARY STATES OF COURSE TO SERVICE STATES OF COURSE STATE
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:	NIA	
New Registered Office Address:	N/A (Enter Florida str	eet 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 Manager Members on our records, enter the titlerame, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name. **Address** Type of Action MGMBR Maki K. Widick
MGMBR Delores Kruhm Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MICHAELP WIDICK Changed title to MGKM PROM MGR Signature of a member or authorized representative of a member MICHAEL P WIDICK
Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00