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SECRETARY OF STATE

T. CLINE
MAR 1 6 2010
EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	KO Me	elbourne LLC			
Source:		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Name of Person				
	KO Melbourne LLC Firm/Company				
·	11550 Island Lakes Lane				
		2010 MAR 15 SECRETARY TALLAHASSE			
	Boca Raton, FL 33498				
City/State and Zip Code				FLS	£
E-mail address: (to be used for future annual report notification)				OF STATE	
For further information	concerning this matter, please c		·	OF O	
Cary Ginter		at (_561_)	893-3110	•	
Name	of Person		time Telephone Number	. '	
Enclosed 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	sed) Certified	te of Status &	ı

TO:

Registration Section

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

	KO Melbo	urne LLC				
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited L	were filed on	3/20/2009	and assigned			
Florida document number L0900002	7510					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company hero	;			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compar	ny," the designation "	LLC" or the abbre	 viation	
Enter new principal offices address, if applic	able:	Cary Ginter		1 2		
(Principal office address MUST BE A STREE	T ADDRESS)	11550 Island	Lakes Lane	ZOIO SEC	<u></u>	
		Boca Raton, F	FL 33498	AH RET	1	
				15 ARY SSE		
Enter new mailing address, if applicable:	Cary Ginter	<u> </u>	mo 🔀			
(Mailing address MAY BE A POST OFFICE	11550 Island	Lakes Lane	S T	Part I		
• •		Boca Raton, F	FL 33498	ATE A		
B. If amending the registered agent and/ registered agent and/or the new registered o			ur records, <u>enter</u>	the name of th	e new	
Name of New Registered Agent:	Cary Ginter			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	11550 Islan	d Lakes Lane			·*	
	Enter Florida street address					
	E	loca Raton	, Florida	33498		
		City		Zip Code		
New Desistand Agentle Signature if changing	Degistered Agents	•				

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