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KSLA, LLC 6919 Dalemain St. Winderemere, F1 34786
(City/State/Zip/Phone #)
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FILED 2009 NOV 12 PH 2: 26 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS

NOV 1 3 2009

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 NOV 12 PM 2: 26

		2007 1101	-
	KSLA, LLC	SECRETA	RY OF STATE
(Name of the Limited Li	ASLA, LLC ability Company as it now appea orida Limited Liability Company)	irs on our records HA	SSEE. I LUKIUM
, (ATI	orioa Emitted Liaomiy Company)		
The Articles of Organization for this Limited Liab	ility Company were filed on	04/01/2009	and assigned
Florida document number L090003016	<u>88</u> .		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	re:	
,			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	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		our records, enter t	the name of the new
registered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	lress
_		, 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 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>	<u>Name</u>	Address	Type of Action
MGRM	LILYAN M MACHUCA	6673 DUNCASTER STREET WINDERMERE, FL 34786	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
			_

TALLAHASSEE, FLORIDA

TED

и. 11 amending any other information, enter change(s) here: (Allach additional sheets, if necessary.) NOVEMBER 5 Signature of a member or authorized representative of a member Typed or printed name of signee LILYAN M MACHUCA 2009 Page 2 of 2 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2009 NOV 12 PM 28: 26

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