

L0900000 35705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

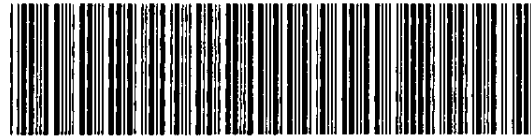
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600194065806

02/14/11--01054--020 \*\*25.00

FILED

2011 FEB 14 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

FEB 15 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KMC Contractors, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sila Finger

Name of Person

KMC Contractors, LLC

Firm/Company

18592 Ocean Mist Drive,

Address

Boca Raton, FL, 33498

City/State and Zip Code

dylan.finger@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 14 PM 4:09

FILED

For further information concerning this matter, please call:

Dylan Finger

Name of Person

at ( 754 )

264-3096

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### 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**

**KMC Contractors, 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 Liability Company were filed on 04/13/2009 and assigned  
Florida document number L09000035705.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18592 Ocean Mist Drive,

Boca Raton, FL, 33498

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2011 FEB 14 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Sila Finger

New Registered Office Address:

18592 Ocean Mist Drive

*Enter Florida street address*

Boca Raton

Florida

33498

*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.*

*Sila Finger*  
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

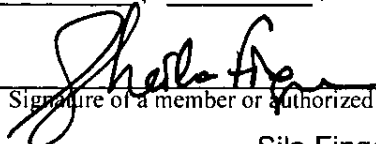
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Larry Zarrella	4901 SW 52 AVENUE, DAVIE, FL 33314	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ronald Finger	20906 Hamaca Court Boca Raton, FL 33433	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sila Finger	18592 Ocean Mist Drive Boca Raton, FL 33498	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

ARTICLE 9 - MANAGEMENT -  
REMOVE EXISTING MANAGERS AND NEW MANAGERS SHALL READ  
AS FOLLOWS:  
Managing Member: Sila Finger  
Manager: Dylan Finger

FILED  
 2011 FEB 14 PM 4:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated 08 December 2010

  
 Signature of a member or authorized representative of a member  
 Sila Finger  
 Typed or printed name of signee