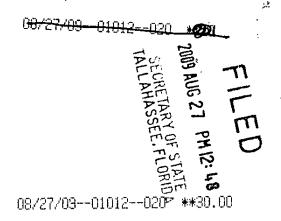
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C. LEWIS

AUG 2 8 2009

EXAMINER

## **COVER LETTER**

TO: Registr	ration Section n of Corporations	•					
es es	Kyle Cha	arles Young Pl					
SUBJECT:		Kyle Charles Young, P.L.  Name of Limited Liability Company					
	ticles of Amendment and fee(s) are su correspondence concerning this matte						
r rease recent an	correspondence concorning was made	to the following.					
		Kyle Charles Young					
		Name of Person					
	Ky	Kyle Charles Young, P.L.					
Finn/Company							
	205	205 Worth Avenue, Suite 201					
Address							
	Pal	Palm Beach, Florida 33480					
		City/State and Zip Code					
	kylecharlesyoung@lawyer.com  E-mail address: (to be used for future annual report notification)						
For further infor	mation concerning this matter, please	call:					
	Kyle Charles Young	at (_561 <sub>_)</sub> 6	635-1114				
	Name of Person	Area Code & Daytime	Telephone Number				
	eck for the following amount:						
\$25.00 Filing	Fee S30.00 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	STREET/COURIE					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 AUG 27 PM 12: 48

( <u>Name of the Limited I</u> (A l	vie Charles Liability Compa Florida Limited L	Young, P.L. ny as it now appears of liability Company)	SECRE on our records. LAF	TARY OF STATE HASSEE, FLORIDA	
The Articles of Organization for this Limited Lia Florida document number L09000403		were filed on	April 24, 2009	and assigned	
This amendment is submitted to amend the follows.  A. If amending name, enter the new name of the submitted to amend the follows.	Ū	ility company here:			
The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applica		ted Liability Company	" the designation "L	LC" or the abbreviation	
• • •	205 Worth Avenue, Suite 201				
(Principal office address MUST BE A STREET ADDRESS)		Palm Beach, Florida 33480			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	205 Worth Aver	nue, Suite 201			
	Palm Beach, Florida 33480				
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	No Change				
New Registered Office Address:	205 Worth A	Avenue, Suite 201			
nen negistera Office Address.	Enter Florida street address				
		alm Beach	, Florida	33480	
	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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Address **Type of Action Name** .□ Add Remove ☐ Add Remove Add ☐ Remove ☐ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signed Page 2 of 2 Filing Fee: \$25.00

₄ If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager