(Reques	stor's Name)
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(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
	A. LUNT
	OCT <b>27</b> 2010
	<b>EXAMINER</b>

Office Use Only



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10/26/10--01013--020 \*\*25.00

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJ	ECT:	K Burton	and Associates				
		Name of Limi	ited Liability Company				
The er	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Kevin Burton				
			Name of Person				
K Burton and Associates			Ā <sub>C</sub>	≥			
Firm/Company			TLLA		<u></u> .		
7250 College Parkway Suite 1			HAS	20 T 20 MIN	]		
	Address						
		F	Fort Myers, FL 33907		OF STATE SFLORID!		
City/State and Zip Code			RATE OF THE SECOND	;			
	accounting@k-burton.com  E-mail address: (to be used for future annual report notification)					<b>)</b> .	
For fu	rther information	concerning this matter, please of		.,			
	k	(evin Burton	at ( 239 ) 322	2-5500			
	Name	of Person	Area Code & Daytime Tele		7		
Enclo	sed is a check for	the following amount:					
<b>▼</b> \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		ed)
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER A Registration Section Division of Corporation				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K- Burton a	nd Associates			_	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appead Liability Company)	irs on our records.	.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	May 28, 200	)9 and	d assigned	
Florida document number L0900051702					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company he	re:			
The new name must be distinguishable and end with the words "LiL.L.C."	imited Liability Comp	any," the designation	on TLC" or	the abbreviation	
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)			ARY SSE	, =	
			<u> </u>		
Inter new mailing address, if applicable:			STATE STATE ORID,	O	
Mailing address MAY BE A POST OFFICE BOX					
		· <del>- · · -</del>			
3. If amending the registered agent and/or registered		our records, <u>ent</u>	ter the nan	ne of the ne	
egistered agent and/or the new registered office address h	<u>ere</u> :				
Name of New Registered Agent:				<del> </del>	
New Registered Office Address:					
	Enter Florida street address				
	City	, Florida		Code	
	City		$z_{ip}$	_vue	

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 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** MGR Marjorie Kober 7250 College Parkway Suite 3 ✓ Add Fort Myers, FL 33907 Remove MGR Stanley Poole 7250 College Parkway Suite 3 ☐ Add Fort Myers, FL 33907 **m**ove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 22 Dated \_\_\_ Signature of a member or authorized representative of a member **Kevin Burton** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00