L09000060033

| (Requestor's Name) |
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| (Address) |
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B. KOHR

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EXAMINER

SECRETARY OF STATE OF CORPORATIONS

11 MAR - 7 AM 9: 50

COVER LETTER

| Division of Co | | | 4 | | |
|---------------------------|--|---|--|--|--|
| SUBJECT: | KLK inv | vestments, LLC | 第 。 | | |
| | | ited Liability Company | 1 MR 9: 36 | | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | ָּטָ עַ | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | | |
| | | Brian Gallagher | | | |
| | | Name of Person | | | |
| | H | KLK Investments, LLC | | | |
| | | Firm/Company | | | |
| | 892 | 7 Hypoluxo Rd. A-4 #216 | | | |
| | | Address | | | |
| | L | Lake Worth, FL 33467 | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: (| ventures1@gmail.com to be used for future annual report noti | fication) | | |
| For further information | concerning this matter, please | call: | | | |
| Br | ian Gallagher | at (702) | 466-9909 | | |
| Name | of Person | Area Code & Daytir | ne 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 enclose | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| MAII | LING ADDRESS | STREET/COUR | IFR ADDRESS: | | |

MAILING ADDRESS:

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



| KLK Investments, LLC | |
|--|---------------------|
| (Name of the Limited Liability Company as it now appea | rs on our records.) |
| (A Florida Limited Liability Company) | |
| | |
| of Organization for this Limited Liability Company were filed on | June 22, 2009 |

| The Articles of Organization for this Limited Liability Company | were filed on | June 22, 2009 | and assigned |
|---|---------------------------------------|---------------------------|-------------------------|
| Florida document numberL0900060033 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | oility company he | <u>re</u> : | |
| The new name must be distinguishable and end with the words "LimitL.L.C." | ited Liability Comp | any," the designation "LI | .C" or the abbreviation |
| Enter new principal offices address, if applicable: | 10.01 | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | | , | |
| Enter new mailing address, if applicable: | 8927 Hypolu | xo R. A-4 #216 | |
| Mailing address MAY BE A POST OFFICE BOX) | Lake Worth, | FL 33467 | |
| | | | |
| 3. If amending the registered agent and/or registered of | | our records, enter th | e name of the new |
| egistered agent and/or the new registered office address her | <u>'e</u> : | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | · · · · · · · · · · · · · · · · · · · | | |
| | E | nter Florida street addr | 2SS |
| | | , 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
|---------------------------------|------------------------------------|---|----------------|--|--|--|
| MGRM | Cassandra E. Marshburn | 5526 Hobart Ave West Palm Beach, FL 33405 | Add Remove | | | |
| MGRM | Brian C. Gallagher | 8927 Hypoluxo Rd. A-4 #216 Lake Worth, FL 33467 | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| | | | Add Remove | | | |
| D. If amendin | ng any other information, enter ch | ange(s) here: (Attach additional sheets, if necessary.) | | | | |
| | | | - - | | | |
| ANGALANA | March 4 | 2044 | | | | |
| Dated | March 1 , | <u>2011</u> . | | | | |
| _ | Signature of a mer | mber or authorized representative of a member | | | | |
| | - | Brian C. Gallagher | | | | |
| Typed or printed name of signee | | | | | | |

Page 2 of 2

Filing Fee: \$25.00