1_090x	0065224
(Requestor's Name) (Address) . (Address)	- 400159364344
(City/State/Zip/Phone #)	08/14/0901031011 ***55.00 09 AUG 17 AH 6: 24
Office Use Only G. MCLEOD AUG 1 8 2009 EXAMINER	

• ,	· ·	COVER LETTER	
TO: Registration S Division of Co		•	
SUBJECT:	CI Kinador	n Properties, LLC	* · · · ·
5000ECT		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Dan L. Hardway	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Dor		
		L. Hardway Law Office Firm/Company	
		PO Box 1898 Address	
		Address	
		Angier, NC 27501	
		City/State and Zip Code	
	E-mail address: (an@hardwaylaw.com to be used for future annual report notificat	ion)
For further information	concerning this matter, please o		
	an Hardway	III ()	39-7145
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	JNG ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons vr Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CI King (<u>Name of the Limited Liabi</u> (A Florid	dom Properties, Ll lity Company as it now app da Limited Liability Company	_C <u>ears on our records.</u>) y)		
The Articles of Organization for this Limited Liability Florida document number L09000065224		07/06/2009	and as	signed
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company l	<u>nere</u> :		
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Con	npany," the designation "L	LC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	<u>DRESS)</u>		09 AUG	DIVISION
Enter new mailing address, if applicable:			617	
(Mailing address MAY BE A POST OFFICE BOX)			37	
			<u>ö</u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office a	gistered office address or <u>ddress here</u> :	n our records, <u>enter th</u>	2 <u>1e name</u>	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	<u></u>	, Florida	7: 0	
New Registered Agent's Signature, if changing Registe	City ered Agent:		Zip Coa	le

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</u> or Managing Member being added or removed from our records:

.___ . . .

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I.

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
		·	Add Remove	
D. If an		ange(s) here: (Attach additional sheets, if necessary.) al Provisions is amended by adding the	_	
	following language at the end the	reof: "The Company shall acquire, develop,		
	rehabilitate and maintain affordab	le low income housing for the benefit of	_	
	Santa Rosa Beach and Walton Co	ounty, Florida."		
Dated _		2009 KHamp mber or authorized representative of a member		
	Timothy Hamon, I	President of Corporate Single Member		
	Ту	pped or printed name of signee Page 2 of 2		
Filing Fee: \$25.00				