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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |

L. SELLERS

JUL - 1 2011

EXAMINER

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SECRETARY OF STATE

COVER LETTER

| 10: | Division of Co | | | |
|---------------|------------------------------|--|---|--|
| cun ic | CT. | KC & I C I | Enterprises, LLC. | |
| SUBJE | | | ited Liability Company | |
| The enc | closed Articles of | Amendment and fee(s) are sul | bmitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | | Kerry Collins | |
| | | | Name of Person | |
| | | KC | & LC Enterprises, LLC. | |
| | | | Firm/Company . | |
| | 3610 Thompson Road | | | |
| | | | Address | |
| Lake Mary | | | | |
| | City/State and Zip Code | | | |
| | | E-mail address: (| FL 32746 to be used for future annual report notification) | |
| For furt | her information o | concerning this matter, please of | eall: | |
| | | erry Collins | at (407) 333-8102 Area Code & Daytime Telephone Number | |
| | name o | of rerson | Area Code & Daytime Telephone Nutitibes | |
| Enclose | ed is a check for t | he following amount: | No. | |
| \$ 25. | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

KC & LC Enterprises, 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 August 5, 2009 and assigned L09000075221 Florida document number _____ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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:

| | | Address | Type of Action |
|--------------|--|--|--|
| _ | · | | Add |
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| . If amendi | ng any other information, enter change | e(s) here: (Attach additional sheets, if necessary | ······································ |
| | | ess from equal shares between Kerry a | |
| Lau | rie Collins. Kerry will be stepping | out of the daily activity of the business. | |
| Lau | rie will have a 75% ownership whi | ile Kerry will have a 25% ownership. | |
| | | | ASS T |
| | | | JUN 29 |
| nted | June 27 , 201 | <u>11</u> . | 111 |
| | Kom Collins | | PH IZ: 34 |
| - | Signature of a member of | or authorized representative of a member | - Table 1: |

Page 2 of 2

Filing Fee: \$25.00