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J. BRYAN

SEP 1 4 2009

EXAMINER

COVER LETTER

то:	Registration Se Division of Cor				
SUBJI	ECT:	Name of Limit	P LLC ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		K	le Dupello Name of Person		
			KPJP LLC		T 0
		601 5	o, Dale Mabry H	iwy	9 SEP 11
•		mat	City/State and Zip Code Ope 110 1 C Gmall tobe used for future annual report notific		ED MIII: 19 KEF STATE
For fur	ther information c	E-mail address: (•	cation)	٠,٠
	Kylc Name of	Du pello FPerson	at (<u>\$13)</u> \$77 - 67 Area Code & Daytime	Telephone Number	
\/	ed is a check for th	ne following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	· Certified	te of Status &

MAILING ADDRESS:

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

(<u>Name of the Limited Lia</u> (A Flor	OUD LLC illity Company as it now applied Limited Liability Company	nears on our records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L09000636</u>		8 28 2009 and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company	here:
The new name must be distinguishable and end with the "L.L.C." . Enter new principal offices address, if applicables		mpany," the designation "LLC" or the abbreviation
(Principal office address MUST BE A STREET AL	*******	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address (on our records, enter the figme of the new
Name of New Registered Agent: New Registered Office Address:		Enter Florida street address
_		, Florida
New Registered Agent's Signature, if changing Regis	City tered Agent:	Zip Code

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 Type of Action **Address Title** Name Toey pupello MGem MABRY HOW ☐ Add Remove MGRM ☐ Add Remove □Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member OC OUX 10 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00