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C. LEWIS
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EXAMINER

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TO:

Registration Section

Division of Co	rporations				
	KENNETH	R CARMAN 2, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Kenneth R Carman				
	Name of Person				
	KENNETH R CARMAN 2, LLC				
	Firm/Company				
	320 NE 1st Avenue				
	Address				
	ŀ	Hallandale, FL 33009			
	•	City/State and Zip Code			
	acarm	nan@allclaimsrepairs.com			
	E-mail address: (to be used for future annual report notific	cation)		
For further information of	concerning this matter, please of	eall:			
Kenr	neth R Carman	at (954)	110-5946		
Name of Person		Area Code & Daytime			
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 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 Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 DEC 24 AM 11: 86

KENNET	H R CARMAN 2, LL	C SECT	ETARY OF STATE HASSEE, FLORIDA
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.	HASSELTTE
The Articles of Organization for this Limited Liability C	, , ,		and assigned
Florida document numberL09000103243	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
	. 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, 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>

 $t = \sqrt{4}$

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CARMAN, ANNICK	320 NE 1ST AVE HALLANDALE FL 33009	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	ary.)
_			2009 DEC
Dated			ILEU MII: 06
		More or authorized representative of a member Kenneth R Carman Ped or printed name of signee	TATE ORIGINA
	1)	her or himter name of signee	

Page 2 of 2

Filing Fee: \$25.00