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D. BRUCE

OCT 1 2010

**EXAMINER** 

## **COVER LETTER**

Division of Cor	ection . porations			
CT:	Kensington	Estate Buyers, LLC		
	Name of Limi	ted Liability Company	<del>,                                    </del>	
		_		
cturii aii correspe	macine concerning this matter	to the following.		
		Kimberly L Johnson		
		Name of Person		
	Kensi	Kensington Estate Buyers, LLC		
•		Firm/Company		
	850 N	W Federal Hwy Ste 232		
		Address	and the state of t	
		Stuart. FL 34994	·mv4	
		City/State and Zip Code	10 :	
		nfo@kebuyers.com	₹EP :	Π
! . 6 4!		•	30 ARY SSE	
ner information c	concerning this matter, please c	au;		П
		at (	<u> </u>	フ
Name o	of Person	Area Code & Daytime Tele	phone Number	
d is a check for the	he following amount:			
00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & [ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	d)
MAILING ADDRESS: Registration Section		Registration Section		
	losed Articles of eturn all correspondence information of Kimb Name of the control of Filing Fee	Rensington Name of Limi Name of Person Name of Status  MAILING ADDRESS: Registration Section	Name of Limited Liability Company	CT:   Kensington Estate Buyers, LLC   Name of Limited Liability Company

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

Kensingto	<u>n Estate Buyers,</u>	LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on _	November 3, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company	<u>here</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Cor	npany," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:		j	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)		- <del>                                     </del>
			\$ <del>-</del> ω
		Č	SRY O
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			5m <b>60</b>
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		n our records, <u>enter t</u>	he name of the nev
New Registered Office Address:			
THE PROPERTY OF THE PROPERTY O		Enter 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 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 **Title** Name 1 <u>Address</u> **Type of Action MGRM** Three Sons Sports Manage P.O. Box 2587 ✓ Add Remove Vero Beach, FL 32961-2587 ✓ Add Remove Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 August 30 Dated Signature of a member or authorized representative of a member Kimberly L Johnson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00