

LO9000107490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP , WAIT MAIL

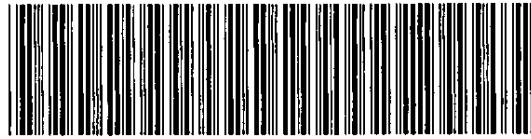
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 JUN - 9 PM 2:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS
PALM BEACH, FLORIDA

RECEIVED
10 JUN - 9 PM 3:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUN - 9 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KILN, LLC
Name of Limited Liability Company

SECRET FILED STATE
DIVISION OF CORPORATIONS
10 JUN -9 PM 3 27

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica M. Evans
Name of Person
Messer, Caparello, & Self, PA
Firm/Company
2618 Centennial Place
Address
Tallahassee, Florida 32308
City/State and Zip Code
mevans@lawfla.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Evans at (**850**) **222-0720**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

KILN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRET FILED STATE
DIVISION OF CORPORATIONS
10 JUN -9 PM 3:27

The Articles of Organization for this Limited Liability Company were filed on November 6, 2009 and assigned Florida document number L09000107490.

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:

3245 JACK ROAD

(Principal office address MUST BE A STREET ADDRESS)

LAUREL HILL FL 32567

Enter new mailing address, if applicable:

3245 JACK ROAD

(Mailing address MAY BE A POST OFFICE BOX)

LAUREL HILL FL 32567

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

_____, 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

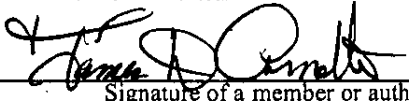
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael P. Spellman	PO Box 830177 Ocala, Florida 34483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	James D. Arnette	3245 JACK ROAD LAUREL HILL FL 32567	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May, 2010



Signature of a member or authorized representative of a member

JAMES D ARNETTE

Typed or printed name of signee