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B. BOSTICK

JAN 1 0 2013

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
OUD IP OT	KATJEN	, LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	SHAYNE CA	HILL	
		Name of Person	
	S.N.K., BUSINES	S INVESTMENTS, LLC	
		Firm/Company	
	4212 COMM	IERCIAL WAY	
		Address	
	SPRING HIL	L, FL, 34606	
		City/State and Zip Code	TALL
	SHAYNE@CAHIL		🕍 💺 m
	E-mail address: (t	o be used for future annual report notificati	on) 55 5 F
For further information co	oncerning this matter, please ca	all:	M-9 PHIS
SHAYNE C	AHILL	at (352) 5841192	On) AN -9 PH 2: 15 Lephone Number Rephone Number
Name of	f Person	Area Code & Daytime Te	lephone Number RDE 5
Enclosed is a check for th	e 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KATJEN, LLC		
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Company)	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed	on11/17/2009	and assigned
Florida document number L09000110454		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	y Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		型度
Enter new mailing address, if applicable:		¥ n
(Mailing address MAY BE A POST OFFICE BOX)		SET P
 -		
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter t</u>	he mame, as the new
Name of New Registered Agent:		1000
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street add	ress
City	, Florida	Zip Code
Non-Bestident Access Constant School Bestian School		Lip Coue

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
Title Name

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MRGM	S.N.K. BUSINESS INVESTMENTS, LLC	4212 COMMERCIAL WAY, SPRING HILL, FL, 34606, US	Add
			Remove
MGRM SUSAN ALASCIA	SUSAN ALASCIA	1320 COMMERCIAL WAY, SPRING HILL, FL, 34606	
			Remove
			Add
			Remove
			Add
			Remove
			Add
		TALL	Remove
a _1135a		AHASSEE	JAN - Add Relieve
		TALLAHASSEE. FLORIDA	FILE FOR

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ated	
	Aum Alascia
	Signature of a member or authorized representative of a member
	SUSAN ALASCIA
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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