Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	DEC 28
To:	
	The Market of Control of the Control
	Fax Number : (850) 617-6363
From:	一次
	Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM SEACH)
	Account Number : 076117000420
	Phone : (561)650-0720
	Fax Number : (561)655-5677
	ail address for this business entity to be used for future eport mailings. Enter only one email address please.**

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Electronic Filing Menu

Corporate Filing Menu

Help

N. Collinson UEU 2 9 2000 12/28/2009

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COVER LETTER

TÓ:	Registration : Division of Co			
SUBJI	ECT:	KLP Alexa	inder Ridge LLC	
		Name of Limit	ed Liability Company	
The on	closed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
	H. William Perry, Esq.			
			risme of reison	
		GUNSTER,	YOAKLEY & STEWART, P.A.	
l [†] irn√Company				
	777 South Flagler Drive, Suite 500 East			
			Address	
		West	Palm Beech, FL 33401	
			City/State and Zip Code	
		mcrame	er-scharlatt@gunster.com	
East for			be used for future annual report notification)	
rar iur	aner intormation	concerning this matter, please or	ui	
	Mary E. Crar	mer-Scharlatt, C.P., FRP	at (561) 650-0728 Area Code & Dayrime Telephone Number	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check for	the following amount:		
∏\$ 25	5.00 Filing Fee	√\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Scotling Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Rogis Divis P.O.	LING ADDRESS: stration Section don of Curporations Box 6327 hassee, 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

09 DEC 28 AM 8:21 TALLAHASSEE, FLORIDA

KLP Alexando	er Ridge LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	oility company here:	
Kolter Land Pa	artners LLC	
The new mane must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of registered of selected agent and/or the new registered office address her		
Name of New Registered Agent: N/A		
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

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MGR = Manager

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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:

IGRM = N	Vanaging Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
I/A			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		(s) here: (Attach additional sheets, if necessary.)	_
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_			FILED 09 DEC 28 AM 8:21 SLUALIDAY OF STATE ALLAHASSEE, FLORIDA
ated	December 23 , 200		M 8:21
	_	or authorized representative of a member	B
	Typed	i Johnson, Manager и printed name of signee	

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Filing Fee: \$25.00