L09000115635

| (Requestor's Name) | |
|---|------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT I | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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2013 JUN -6 PH 4: 38
SECRETARY OF STATE
SECRETARY OF STATE

05/24/13--01028--015 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

UBJECT: Scott Cahill, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Scott Cahill

Name of Person

G. Scott Cahill, CLU & Assoc., Inc.

Firm/Company

801 N. Orange Avenue, Suite 820

Address

Orlando, FL 32801-5203

City/State and Zip Code

scott.cahill@cahillorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Cahill or Pam Finne

at (407)841-2480

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2013

SCOTT CAHILL 801 N. ORANGE AVENUE SUITE 820 ORLANDO, FL 32801-5203

SUBJECT: SCOTT CAHILL, LLC Ref. Number: L09000115635

We have received your document for SCOTT CAHILL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 413A00013259

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 JUN -6 PM 4: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Zip Code

| SCOTT CAHILL, LLC | | | |
|--|--|---|------------------------|
| (Name of the Limited I | L <mark>iability Compa</mark> Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Lia | _ | were filed on December 4, 2009 | _ and assigned |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liab | oility company here: | |
| KING PROPERTIES III, LLC | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Lim | ited Liability Company," the designation "LLo | C" or the abbreviation |
| Enter new principal offices address, if applica | ble: | N/A | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | 1012 | N/A | |
| (Mailing address MAY BE A POST OFFICE B | <u>(OX)</u> | | |
| B. If amending the registered agent and/or the new registered off Name of New Registered Agent: | | | name of the new |
| New Registered Office Address: | | Enter Florida street addre | |
| | | Enier r iorida sireet addre. | iS |
| | | Florida | |

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.

City

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|------------------------|----------------|
| MGRM | Scott Cahill | 801 N. Orange Avenue | ✓ Add |
| | | Suite 820 | Remove |
| | | Orlando, FL 32801-5203 | 3 |
| MGRM | Gregory S. Cahill, Jr. | 801 N. Orange Avenue | _ ✓ Add |
| | | Suite 820 | Remove |
| | | Orlando, FL 32801-5203 | 3 |
| MGRM | Joel J. Cahill | 801 N. Orange Avenue | Add |
| | | Suite 820 | Remove |
| | | Orlando, FL 32801-5203 | |
| | | | Add |
| | | | Remove |
| | | | - |
| | | | - Add |
| | | | Remove |
| | | | Remove |
| | | · | - Add |
| | | | _ |
| | | | Remove |

|). If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------------|--|
| ` ` <u>,</u> _ | |
| | |
| _ | |
| _ | · · · · · · · · · · · · · · · · · · · |
| - | |
| - ed | May 21, 2013 |
| | ti. |
| | Signature of a member or authorized representative of a member |
| | Scott Caḥití, Member |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

