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JAN - 7 2010

EXAMINER

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01/06/10--01021--008 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER Registration Section TO: **Division of Corporations** SUBJECT: 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: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 ORGANIZATION

UF					
Kandolph Automor LLC					
(Name of the Limited Liability Company as it now appears on our records.)					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on					
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 "LLC."					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
SHA = O					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
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					
Enter rioriaa street aaaress					
, 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 ar ending or Managing	the Managers or Managing Members of Member being added or removed from	n our records, <u>enter the title, name, and add</u> our records:	lress of each Manager
MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	Name President	Address	Type of Action
MGR	James Kandolph	16246 Douglas Rd	Add
MGR	Nikki Randolpk	same as above	Add Remove
MGRM	Nikki Randolph	same as abore.	Add Remove
			Add Remove
			Add Remove
		An A S S E E	Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary	
_			
Dated	ecember 14. 200		
	Tames Rand	or authorized representative of a member or printed name of signee	·

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Filing Fee: \$25.00