L10000007497

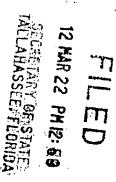
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to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

Office Use Only



800225756358

03/22/12--01014--006 **25.00



D. BRUCE

MAR 2 3 2012

EXAMINER

COVER LETTER

| TO: | Registration Se División of Cor | | | ρ i | • | r is ,— | e ^r , |
|---------------|------------------------------------|--|---|---|------------------|--------------------|------------------|
| SUBJE | ECT: KM | IA NOW LL | - C | | | | |
| | | Name of Limi | ted Liability Company | _ | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | | |
| | | RICHARI | P A. NOBCE Name of Person | | | | |
| | | | Name of Person | | | | |
| | | KMA | NOW LLC | | | | |
| | | <u>·</u> | Firm/Company | | | | |
| | | 2295 N. | LAILEFAUNT DI | <u> </u> | 프살 | ನ | ; |
| | | HERNAND | Address 0 FL 3444 Z | | CARCIAI LAHAS | MAR 22 | 11 |
| | | | City/State and Zip Code TONY: 1 (a) C MAK to be used for future annual report notifical | L, Com | SEE FL | 2 PM 12: 69 | ED |
| | | E-mail address: (| to be used for future annual report notifica | tion) | RAT AT | Gr | |
| For fur | ther information o | oncerning this matter, please of | eall: | 3 | | Þ | |
| RI | | A. NOBIE | at (352) 419- | | | | |
| | Name o | f Person | Area Code & Daytime T | elephone Number | | | |
| Enclos | ed is a check for the | he following amount: | | | | | |
| ⊠ \$25 | i.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Certificate Certified C (additional | of Statu Copy | | osed) |
| | MAII | ING ADDRESS | STDFFT/COURIFI | O ADDRESS: | | | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMA NOWLLC

| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our re I Liability Company) | ecords.) |
|---|--|--|
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L 1000 600 749</u> | | 20/0 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and end with the words "Li-L.L.C." | mited Liability Company," the de | signation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 元 。 元 |
| Principal office address MUST BE A STREET ADDRESS) | | E E |
| | | 22 AR VSS |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | TORRES TO TORREST TORR |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | is, <u>enter the name of the nev</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florido | street address |
| | .1 | 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 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> | Address | Type of Action |
|--------------|---|---|--------------------------|
| MGRM | SHANNON M. NOBCE | 2295 N. LAKEFRONT DA. HERNANDO, FL 34442 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ding any other information, enter change(| (s) here: (Attach additional sheets, if necessary.) . | IZ MAR 22 TARRAMASSEE |
| | | | E STATE |
| Dated | | or authorized representative of a member | |
| | | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00