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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division	of Corporations						
SUBJECT:		Kairos	s Acres, Ll	.C			
	•	Name of Limi	ted Liability Co	mpany			
The enclosed Arti	cles of Amendment ar	d fee(s) are sub	omitted for filing	5. .			
Please return all c	orrespondence concern	ning this matter	to the following	g:			
			Jean C Mo	Kniaht			
	Name of Person						
		N .					
		Firm/Company					
	3360 Green Acres Road						
	Address						
		St.	. Augustine,	FL 32084			
			City/State and	Zip Code			
		edandj	jeanmcknigh	t@gmail.com	1		
	l Series in the total series	E-mail address: (t		re annual report not			
For further inform	ation concerning this	natter, please c	all:				
	Edward D McKni	ght	at (90	14)	535-1058		
	Name of Person			Area Code & Dayti	me Telephone Number		
Enclosed is a chec	k for the following an	ount:					
☑ \$25.00 Filing I		ing Fee & ate of Status	\$55.00 Fil Certified (addition		ed) Certified (of Status &	
	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons ;	or The section of the	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	es, LLC y as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company v Florida document number L10000011329	were filed on	Feb 1, 2010	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :		
n/a The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compa	ny," the designation "L	LC" or the abl	 breviation
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 office address here: Name of New Registered Agent: n/a		ur records, <u>enter t</u>	he name of 10 MAR SECRE	the new
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	Ent	er Florida street addi , Florida		m D

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

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Edward D McKnight	3360 Green Acres Road St. Augustine, FL 32084	✓ Add ☐ Remove			
MGR	Jean C McKnight	3360 Green Acres Road St. Augustine, FL 32084				
MGRM	Edward D McKnight	3360 Green Acres Road St. Augustine, FL 32084	☐ Add ☑ Remove			
MGRM	Jean C McKnight	3360 Green Acres Road St. Augustine, FL 32084	Add Remove			
			Add Remove			
	_		Add Remove			
D. If an	nending any other information, enter c	hange(s) here: (Attach additional sheets, if necess	sary.)			
	Amendment to Article III					
	The purpose for which this Limit	ed Liability Company is organized is:				
	ANY AND ALL LAWFUL BUSIN	ESS RELATED TO INVESTING FUNDS	FROM			
	ANY RETIREMENT MONIES OF EDWARD D MCKNIGHT AND/OR					
	JEAN C MCKNIGHT		MAR 29 CRETARY CAHASSI			
Dated_	March 25 6	2010	171			
	Signature of a mo	ember or authorized representative of a member	PH 3: 54 OF STATE			
	oignature of a me	Jean C McKnight	DE F			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00