

L10000012546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

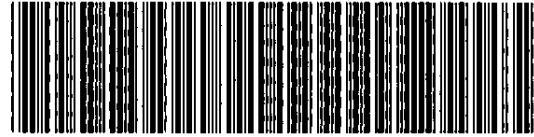
Special Instructions to Filing Officer:

L. SELLERS

SEP 27 2010

EXAMINER

Office Use Only



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09/24/10--01026--018 **50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 24 PM 3:42

FILED

ROBERT F. HOOGLAND
Attorney-at-Law
Post Office Box 160021
Altamonte Springs, FL 32716-0021
(407) 862-4909

Florida Bar Board
Certified in Real Estate

September 20, 2010

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

Dear Sirs/Mdms.:

Enclosed please find an original Articles of Amendment to Articles of Organization, along with an original Resignation of Managing Member for KSMM LLC. In addition, I have enclosed my Trust Account check in the amount of \$50.00 to pay for the filing of these 2 documents at \$25.00 each. Please forward me a copy of the filed documents in the enclosed, self addressed, stamped envelope.

Thank you for your kind attention. If you have any questions, please let me know.

Very truly yours,



Robert F. Hoogland

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KSMMLLC
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:

Robert F. Hoogland
Name of Person

Robert F. Hoogland, P.A.
Firm/Company

P.O. Box 160021
Address

Altamonte Springs, FL 32716-0021
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert F. Hoogland at (**407**) **862-4909**
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KSMMLLC

(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 February 10, 2010 and assigned Florida document number L10000012546.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

_____ N/A

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

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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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maria Simmons	704 Fox Valley Drive Longwood, FL 32779	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September, 2010

Bonnie S. Ravaglia 9/20/2010
Signature of a member or authorized representative of a member

Bonnie S. Ravaglia
Typed or printed name of signee