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(Requestor's Name)				
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(City/State/Zip/Phone #)				
<b>\</b>	- <b>,</b>	,		
PICK-UP	☐ WAIT	MAIL		
L Toksor	L **/\"			
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

A. LUNT

OCT 10 2011

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2011

PETER BATCHELAR 173 HARMONY LANE TITUSVILLE, FL 32780

SUBJECT: KBEP INVESTORS, LLC

Ref. Number: L10000016530

We have received your document for KBEP INVESTORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 111A00019994

10/3/11

## **COVER LETTER**

TO: Registration Sect Division of Corpe				
SUBJECT: KBEF	Name of Limited Liability Company			
	Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspond	dence concerning this matter to the following:			
	PETER BATCHELAR			
	PETER BATCHELAR  Name of Person			
	KBEP INJESTORS Firm/Company			
	, Firm/Company			
	173 HARMONY LN Address			
	TITUS VILLE FC 32780 City/State and Zip Code			
• 6	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
	•			
PETER B	Person at (717) 329 2160 Area Code & Daytime Telephone Number			
Name of I	Person Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy			

MAILING ADDRESS:

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

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companies (A Florida Limited Liability Company of Florida document number 4 10000016530	y as it now appears on our records.) ability Company)
This amendment is submitted to amend the following:	₹
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PETER BATCHELAR 173 HARMONY LN TITUSVILLE FL 32780
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PETER BATCHELAR 173 HARMONY LN. TITUSVILLE FL 32780
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
New Registered Office Address: 17.3	ERBATCHELAR  Enter Florida street address  ILLE Florida 32780  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 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 Type of Action **Title** Name **Address** MITHAEL R KELLERMAN MEMBER MGRM MANAGING ☐ Add 3562 W LEGENDARY RON RD CINCINNATIOH 45245 Remove FARL, FARL, EMERICH. HACK-99 NESBIT ST PUNTA GORDA, FL 33950 DAVIDA. HOLHES ESQ MG-☐ Add Remove . MGRM PETER BATCHELAR ∏ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) - KBER INJUSTONS ACCEPT RESIGNATION OF MICHAEL E KELLERMAN AS MANAGING PARTNER. - PERER BATCHELAR IS NOW MANAGING PARTNER NEW OWNERSHIP APPORTIONMENT IS: PETER BATCHELAR 37.5% RICHARD PATTERSON 37.5%, GEORGE EISEMAN 25% Dated\_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee

MGR = Manager

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:

MGRM = M	lanaging Member		
<u>Title</u>	Name	Atldress	Type of Action
<u>MC/11/71</u>	MITHAELRKELERMAN	THE THE TARGET WENGER STOLL WE LEGENDARY SON RA	Add Remove
wir_	DAVIDA. HOLHES ESQ	FARR, FARR, EMERICH, HACK - GY NESSIT ET PULTA GERBA, FL 33750	Add Remove
MGRM	PETRI BATCHELAR	MANACINIC MEMBER (73 HACKON! CM TITUS VILLE, FL. 3274)	Add Remove
			2011 BCT -7
	And the second s		Remove
D. Wamend	ling any other information, enter change	(s) here: (Anach additional sheets, if necessary.)	
<u>K</u>	BUT INJUSTONS ACCEPT	RESIGNATION OF	
<u>_</u>	MUHARL E KELLERMAN AS	MANALING PARTNER.	_
- <u>pe</u>	TEP BAZHELAR IS NOW MAG	NOW WILL PARTH ER	_
	•	LUCKTISI PETER BATCHELAR S	- 17.570
	•	STO, GEORGE EISEMAN ZXY	<del></del>
Dated			<del>-</del>
	POL		
	Signature of a member of	or authorized representative of a member	
		R_ BATTHELAZ r printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00