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B. BOSTICK
JUN 1 1 2012
EXAMINER

COVER LETTER

Division of Cor	rporations				
SUBJECT:	Leeward I	Home #61, LLC	•		
		ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Tommy	D. Permenter, Jr., Esqu	ire	_	
		Name of Person			
	The P	ermenter Law Firm, P.A.			
		Firm/Company		•	
	2201 S.	E. 30th Avenue, Suite 20	02		
		Address			
		Ocala, Florida 34471		- 17 s	
		City/State and Zip Code			3
Tommy@Permenterlaw.com E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, please ca	-	unication)	SSEE.	
Tommy D. F	Permenter, Jr., Esquire	at (352)	622-1811	FIG.	p å. L
	of Person	Area Code & Dayt	ime Telephone Number	T DA	<u> </u>
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	ate of Status	

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION OF

Leeward Ho (Name of the Limited Liability Comp (A Florida Limited	me #61, LLC any as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compan Florida document numberL1000047480	y were filed on	May 3, 2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>·e</u> :		
KL & SL Hold	dings 1, LLC			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	iny," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			200	
			21 6 4	
			Section 1	
Enter new mailing address, if applicable:			[T]	
(Mailing address MAY BE A POST OFFICE BOX)			F S 0 0	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>ente</u>	the name of the new	
Name of New Registered Agent:				
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

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** Address Title Name Kent A. Leeward MGRM 1528 S.E. 12th Street ☐ Add √ Remove Ocala, Florida 34471 Stephani A. Leeward MGRM 1528 S.E. 12th Street ☐ Add Ocala, Florida 34471 MGR Kent A. Leeward 1528 S.E. 12th Street ✓ Add ☐ Remove Ocala, Florida 34471 ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) in June 2012 Dated _ Signature of a member or authorized representative of a member Kent A. Leeward Typed or printed name of signee

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Filing Fee: \$25.00