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SECRETARY OF STATE

J. BRYAN

MAY 27 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	KEVI	ERETT, LLC		
		Name of Lim	ted Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Myra S. Shipes	<u> </u>	
			Name of Person		
Farmer, Price, Horns		ce, Hornsby & Weatherford,	LLP		
			Firm/Company		rands Factor da seminar
P		Po	ost Office Drawer 2228		
		Address		MAY 26	
	D 41 ALL 00000				
Dothan, Alabama 36302 City/State and Zip Code			26 AMII: 07 TARY OF STATE ASSISE, FLORIS		
			·		1:0
	,		to be used for future annual report notifi	cation)	الما الما
For fu	rther information	concerning this matter, please of	call:		
		yra S. Shipes	at \	793-2424	
	Name	of Person	Area Code & Daytimo	: Telephone Number	•
Enclos	sed is a check for	the following amount:	,		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, FL 32.	n ntions nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF FI	为 是 26 是 li	FILED
OPAR		2

KEVERE (Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	C
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on May 20, 2010 and assigned	
Florida document number <u>1/00005455.7</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbrevia	_ tio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		_
Enter new mailing address, if applicable:	103 Blissett Drive, Suite 5	_
(Mailing address MAY BE A POST OFFICE BOX)	Dothan, Alabama 36301	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		<u>ley</u>
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	_
	, Florida	
	City Zin 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 = Ma MGRM = I	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	r		Add Remove
	·		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			FILE 10 MAY 26 AH SECRETARY OF
Dated	1/ 0	10	AH II: 07
	•	or authorized representative of a member	
		enneth J. Everett	