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SECRETARY OF STATE
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T. CLINE

AUG - 2 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Kinshi	p Realty, LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Diane Donovan	
		Name of Person	
	<u>-</u>	Kinship Realty, LLC	
		Firm/Company	
441 ALMANSA ST. NE		TSE THE	
		Address	CRE
		Palm Bay, FL 32907	FILL 30 SECRETARY TALLAHASSI
	······	City/State and Zip Code	
	F-mail address: (ianedonov@aol.com to be used for future annual report notificati	一つ 295 ~ 1
For further information	concerning this matter, please	·	NIDA SO
	aul Donovan		4-6735
Name	of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regisi Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Kinship Realty, LLC		
(A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	, , ,		and assigned
Florida document numberL10000061	<u>048</u> .		
This amendment is submitted to amend the follo	-		
A. If amending name, enter the new name of	the limited liability company he	re:	
The annual health with his day of the	Laboured of Local Attaching		I CD at 11 to
The new name must be distinguishable and end wit "L.L.C."	n the words "Limited Liability Comp	any," the designation "L	EC" or the abbreviation
Enter new principal offices address, if applica	able:		52 E TI
(Principal office address MUST BE A STREE	T ADDRESS)		13 TO 15
			Part
			F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mading address MAT BE A POST OFFICE)	DUA!		T-
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Kim Donovan		
New Registered Office Address:			
ome of the control of the second		nter Florida street add	ress
		, Florida	
New Registered Agent's Signature, if changing R	City		Zip Code

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

Title	Name	Address	Type of Action
MGR	Paul Donovan	441 ALMANSA ST. NE Palm Bay, FL 32907	Add Remove
MGR	Diane Donovan	441 ALMANSA ST. NE Paim Bay, FL 32907	Add Remove
 .			Add Remove
		PA FR AN	Add Remove
		FLOR	Add Remove
. D. Ifamen	ding any other information ont	er change(s) here: (Attach additional sheets, if necessary.)	Add Remove
D. Hamed	ding any other information, ent	er change(s) here. (Anach dadnional sheets, ij necessary.)	_
			-
Dated	July 28	· 2010 · Onoman	_
	Signature of	a member or authorized representative of a member Paul Donovan	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00