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SECRETARY OF STATE
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COVER LETTER

Division of Co	rporations		
SUBJECT:	KDDM E	interprises, LLC	
30B3ECT,		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Kay R. Doyle	
		Name of Person	
	K[DDM Enterprises, LLC	
		Firm/Company	
	1;	3951 Doubletree Trail	
		Address	
		Wellington, FL 33414	···
		City/State and Zip Code	
	E-mail address: (1	yrdoyle@bellsouth.net o be used for future annual report notifical	lion)
For further information of	concerning this matter, please c	all:	
	ay R. Doyle		93-0889
Name (of Person	Area Code & Daytime T	elephone Number
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 enclosed)	\$60:00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 ORGANIZATION₁₁

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JUL 20 AM II: 33

KDDM Enterprises, LLC

| SECRETARY OF STATE TALLAHASSEE, FLORIDA (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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) Enter new mailing address, if applicable:
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) Enter new mailing address, if applicable: (Mailing address, if applicable:
"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE ROY)
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:
Enter new mailing address, if applicable:
Enter new mailing address, if applicable:
(Malling address MAV DE A DOCT OFFICE DOV)
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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 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 **Type of Action** Address MGR Walter H. Doyle 13951 Doubletree Trail 📝 Add Remove Wellington, FL 33414 Kay R. Doyle MGR 13951 Doubletree Trail Wellington, FL 33414 ✓ Remove Remove Remove \prod Add Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 20 2011 Dated Signature of a member of authorized representative of a member Kay R. Doyle Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00