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D. BRUCE
APR 2 0 2011
EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co					
SUBJE	CCT:	KLU H	OLDINGS LLC			
50200		Name of Limited Liability Company				
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.		Ç.	
Please	return all corresp	pondence concerning this matte	r to the following:			
		BRIAN HORAN			_	
			Name of Person			
		<u></u>	KLU HÖLDINGS LLC	J HÖLDINGŠ LLĆ		
			Firm/Company	Firm/Company		
	10501 SOUTH ORANGE AVENUE, SUITE #125					
	Address					
	OPLANDO EL OPIDA 32824					
	ORLANDO, FLORIDA 32824 City/State and Zip Code					
	gm.12a@kmg-ee.com E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please of		ottrication)	PRESERVED STR	
BRIAN HORAN			at (_407_)	235-0838	ADA 40	
	Name	of Person	Area Code & Dayt	ime Telephone Numb	er	
Enclose	ed is a check for	the following amount:				
[]\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certific	cate of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KLU HOLD					
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appear Liability Company)	s on our reco	ord <u>s.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on	8-16-20)10	and ass	igned
Florida document numberL10000087247					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the desig	nation "LLC	" or the a	bbreviation
Enter new principal offices address, if applicable:	10501 SOUTH ORANGE AVENUE			<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	SUITE #125		五		
	ORLANDO, F	LORIDA	32824 🔄	. <u> </u>	- Calles
			AS	70	-11
Enter new mailing address, if applicable:	10501 SOUT	H ORANGI	E AVENÚ		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE #125				177
	ORLANDO, F	LORIDA	The same and had	<u>+-</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records,	enter the	name o	f the new
	 -				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Flo	rida		
	City		Z	ip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	BRIAN HORAN	10501 SOUTH ORANGE AVENUE SUITE #25 ORLANDO, FLORIDA 32824	Add Remove
<u>MGRM</u>	KMG INC	10501 SOUTH ORANGE AVENUE SUITE #125 ORLANDO, FLORIDA 32824	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if necessary,) Aug. =
_			APR 19
			FS SALE
Dated	APRIL 18th		
		Brigh Hugh AS MGPM	
	Signature	of a member or authorized representative of a member	·····
		BRIAN HORAN Typed or printed name of signee	

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Filing Fee: \$25.00