

L10060129171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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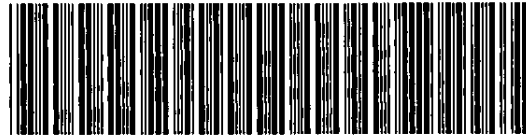
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 30 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 29 PM 4:43

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200 East Las Olas Boulevard
19th Floor
Fort Lauderdale, Florida 33301
(954) 522-2200
(954) 522-9123 Facsimile

1800 Corporate Blvd., N.W.
Suite 302
Boca Raton, FL 33431
(561) 665-4738

www.brinkleymorgan.com

Please reply to Fort Lauderdale

May 24, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: KCVL Investments 2, L.L.C.

Dear Sir/Madam:

Enclosed for filing please find the following original documents:

1. Cover letter and Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company;
2. Cover Letter and Articles of Amendment to Articles of Organization.

We kindly request certified copies of these filing which can be mailed to us in the enclosed self-addressed, stamped envelope. Our checks numbered 7112 and 7113 each for \$55.00 are enclosed payable to the Florida Department of State.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Sharon McGuire".

Sharon McGuire

Legal Assistant to William T. Coleman

Enclosures
cc: William T. Coleman

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KCVL Investments 2, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William T. Coleman

Name of Person

Brinkley Morgan

Firm/Company

200 E. Las Olas Blvd., 19th Floor

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

william.coleman@brinkleymorgan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William T. Coleman

Name of Person

at (954)

522-2200

Area Code & Daytime Telephone Number

Enclosed 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KCVL Investments 2, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2010 and assigned
Florida document number L10000129171.

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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address: _____

_____, Florida

City

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

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLA.

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

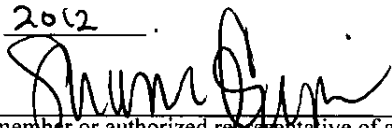
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Kevin L. Crippen	6015 NW 81st Terrace Parkland, FL 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Sharon J. Crippen	6015 NW 81st Terrace Parkland, FL 33067	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sharon J. Crippen	6015 NW 81st Terrace Parkland, FL 33067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated May 23, 2012



Signature of a member or authorized representative of a member
Sharon Crippen

Typed or printed name of signer