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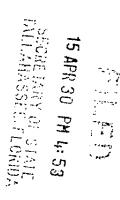
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## **COVER LETTER**

SUBJECT: KINSW R BWWN, LLC Name of Limited Liability Company	
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:	
Kinsy Zehnder Name of Person	
KINSUR BWWN LLC Firm/Company	
551 Ave K SE Address	
Winter Haven FL 33880 City/State and Zip Code	
Kinseyzehnder@amail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Hunter Brown  Name of Person  at (803) 299-1500  Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &

### **MAILING ADDRESS:**

Registration Section

**Division of Corporations** 

TO:

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 ORGANIZATION OF

(Name of the Limited Liability Compar (A Fiorida Limited L	ny as it now appears on our records, iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 110000 9001.  This amendment is submitted to amend the following:	were filed on 1/21/2011 and assigned	
A. If amending name, enter the new name of the limited liabil	lity company here:	
Kinsey R Zehnder LLL The new name must be distinguishable and end with the words "Limited Liabi	lity 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)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	551 AVE K SE Winter Haven, FL 33880	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		new
Name of New Registered Agent:	15 APR	_
New Registered Office Address:	Enter Florida street address	
New Registered Agent's Signature, if changing Registered Agent:	City , Florida Zir.Gode	_

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	1	•
AMBR =	Authorized	Member	•

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