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SECRETARY OF STATE
SHOWN ASSEE, FLORID

COVER LETTER TO: Registration Section **Division of Corporations** KGIX LLC SUBJECT: 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: ANTHONY B. MARCHESE Name of Person KRUG AND MARCHESE Firm/Company 4010 BOY SCOUT BLVD., SUITE 590 Address TAMPA, FL 33607 City/State and Zip Code C.LUKE@KUALO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTHONY B. MARCHESE at (<u>813</u>) <u>871-5784</u> Area Code & Daytime Telephone Number Name of Person

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,
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(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KGI	X LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	
	•		
he Articles of Organization for this Limited Liability Companies	ny were filed on	02/07/2011	and assigned
orida document numberL11000015866			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :	
ne new name must be distinguishable and end with the words "LiL.C."	mited Liability Compa	any," the designation "L	LC" or the abbrev
nter new principal offices address, if applicable:		Ā	<u> </u>
rincipal office address MUST BE A STREET ADDRESS)			<u> </u>
		AS	> N
		S S	R ω FF
nter new mailing address, if applicable:		<u> </u>	
Aailing address MAY BE A POST OFFICE BOX)		S	<u> </u>
among muroup hars 250 miles		DA	m &
If amending the registered agent and/or registered gistered agent and/or the new registered office address he		our records, enter t	he name of the
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addi	ress
		, Florida	
	City		Zip 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, 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> **Address** Type of Action MGR ANNEKE MCCULLOCH 25 2ND ST. N., SUITE 200 A ST. PETERSBURG, FL 33701 Remove ☐ Add Remove ___ Add Remove ∏Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) WE ARE AMENDING THE NAME OF MANAGING MEMBER FROM CRAIG LUKE TO "DAVID CRAIG LUKE". SEPTEMBER 6 2011 Dated Signature of a member or authorized representative of a member DAVID CRAIG LUKE Typed or printed name of signee

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Filing Fee: \$25.00