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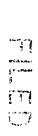
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SAULSBERRY
EXAMINER
APR 25 2012

## **COVER LETTER**

TO:

TO:	Registration S Division of Co				*	•		
SUBJE	CCT:	KW CONSULTIN	G & ASS	OCIATES, I	LLC			
001301		Name of Lim				_		
The end	closed Articles of	Amendment and fee(s) are sul	omitted for fil	ing.				
Please i	return all correspo	ondence concerning this matter	to the follow	ring:				
				J Kane III		<del></del>		
			Name o	f Person				
		KW CONS	ULTING 8	ASSOCIATE	S, LLC			
			Firm/C	ompany		ES	2012	
16126 SW 106th TERRACE				. A	2 №	#×r}		
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For furt	ther information of	E-mail address: ( concerning this matter, please of		uture annual report r	otification)	,		
	Tho	mas J Kane III	at (	954 \	531-7100			
		of Person	at (		time Telephone Num	ber		
		the following amount:			<b></b>			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & lied Copy lional copy is enclo	Certifosed) Certif	Filing Fee, icate of Stat jed Copy ional copy i		sed)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KW CONSULTING &	ASSOCIATES, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	i <b>ny as it now appears on our records</b> Liability Company)	<u>r</u> )			
The Articles of Organization for this Limited Liability Company	were filed on02/07/201	1 an	d assigned		
Florida document number L11000015928					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Company," the designat	ion "LLC" or	the abbreviation		
Enter new principal offices address, if applicable:	16126 SW 106th Terrace				
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33196	<u> </u>	<u>~</u>		
Enter new mailing address, if applicable:	16126 SW 106th Terrace	PS :	R S		
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33196	T.A.			
		200	<u>ن</u> ي		
B. If amending the registered agent and/or registered of	ffice address on our records, <u>en</u>	and the second	ne of the nev		
registered agent and/or the new registered office address her					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florid		Code		
	Cuy	Zip	Coae		

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u></u>		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			□Add □Remove
<del></del>			Add Remove
D. If amend	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
Dated	April 18	2012 Longe	,0
	Signature of a	a member or authorized representative of a member Thomas J Kane III	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00