## 11000047517

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**EXAMINER** 

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TALL AHASSEE, FLORIDA

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations				
SUBJECT:	Kalha	ammer, LLC		
		ited Liability Company	***************************************	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jan M	I. McCray Flemmons, Es	q.	
		Name of Person		
	Jan M. McCray Flemmons, PL			
	Firm/Company			
	463688	463688 State Road 200, Suite 1-208		
	Address			
		Yulee, Florida 32097		
		City/State and Zip Code		
		Jan@jmmflaw.com		
	E-mail address: (	to be used for future annual report n	otification)	
For further information	concerning this matter, please of	call:		
Jan M. Mc	Cray Flemmons, Esq.	at (_904_)	321-0987	
Name of Person		Area Code & Day	rtime 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g : Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kalham (Name of the Limited Liability Comp (A Florida Limited	mer, LLC  pany as it now appears on our records.)  I Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document numberL11000047517	ny were filed onApril 21, 2011 and assigned		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited list	ability company here:		
The new name must be distinguishable and end with the words "Lit" "L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	31217 Paradise Commons #811		
(Principal office address MUST BE A STREET ADDRESS)	Fernandina Beach, Florida 32034		
Enter new mailing address, if applicable:	31217 Paradise Commons #811		
(Mailing address MAY BE A POST OFFICE BOX)	Fernandina Beach, Florida 32034		
registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:		
Name of New Registered Agent:			
New Registered Office Address: 31217 Par	31217 Paradise Commons #811		
_	Enter Florida street address		
Fernandina Beach Florida 320 City Taip G			
New Registered Agent's Signature, if changing Registered Agen			

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 = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove  $\square$ Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 26 2011 Dated \_\_\_\_\_ M. M. Lray Flynmons, Esq. Signature of a member quathorized representative of a member Jan M. McCray Flemmons, Esq. Attorney for M. Kalhammer Typed or printed name of signee

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Filing Fee: \$25.00