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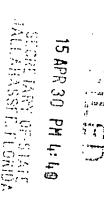
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations
SUBJECT: KEPLER FAMILY ENTERPRISES LLC
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:
JUANITA HUTCHISON
Name of Person
ABILITY TITLE, INC.
Firm/Company
223 S. WOODLAND BLVD
Address
DELAND, FL 32720
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUANITA HUTCHISON at (386) 734-5766
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\frac{\frac}\frac{\f{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\

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

KEPLER FAMILY ENTER	RPRISES LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on August 6,2011 and assigned
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Limited Lie	ability 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)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	re:
Name of New Registered Agent:	
New Registered Office Address:	P P
	Enter Florida street address

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 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.

City

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RONALD J CANTLAY, CPA	1006 N. Woodland Blvd	⊠ Add
		DeLand, FL 32720	Remove
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Page 3 of 3

Filing Fee: \$25.00

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