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COVER LETTER

TO:

Registration Section
Division of Corporations

SURIECT:

Keith Burnson 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:

Marti Martin

Name of Person

Keith Burnson Enterprises, LLC

Firm/Company

4195 54th Ave. N. Unit A

Address

Saint Petersburg, FL 33714

City/State and Zip Code

hello@wearekkf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marti Martin

Name of Person

,239,9899643

Area Code & Daytime 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 enclosed)

Certificate Cary

(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

Keith Burnson Enterprises, LL		
(<u>Name of the Limited Ltabilit</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	i <u>.</u>)
The Articles of Organization for this Limited Liability (Florida document number L11000103534	Company were filed on 09/11/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		Z
Enter new mailing address, if applicable:		3 JUL
(Mailing address MAY BE A POST OFFICE BOX)		SS SS
·		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>en</u> dress here:	ter Benance of the nev
Name of New Registered Agent:		.
New Registered Office Address:		
	Enter Florida stree	t address
	, Florid	
	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, <u>enter the title, name, and address of each Manager or Managing Member heing added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Pres	Keith Burnson	3724 Olde Lanark Drive	Add
		Land O Lakes, FL 34638	Remove
VP	Marti Martin	426 10th Ave. NE #1	Add
		Saint Petersburg, FL 33701	
			- —
		ALLA	Add
		ASSEE.	-5
		LORIDA	Add
			Remove
=			Add
			Remove
			Add
			Remove

• • •	, enter change(s) here: (Attach additional sheets, if necessary.) Keith Burnson as President to our
managing memb	ers.
Dated July 1	
<u> </u>	re of a member or authorized representative of a member
Marti Martin	Typed or printed name of ciance

Page 3 of 3

Filing Fee: \$25.00

13 JUL -5 MI 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORID.