

(Requestor's Name)					
(104,0000.0.100.00)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Doddinant Harmon)					
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G. MCLEOD

APR 1 0 2012

**EXAMINER** 



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## COVER LETTER

TO:	Registration S Division of Co				
SUBJ					
		Amendment and fee(s) are sul	_		
Please	return all correspo	ondence concerning this matter	r to the following:		
			Kimberlee Turley		
•			Name of Person		
			Kiwi Loco		<del></del>
Firm/Company					
1074 Sheridan /				<u> </u>	
			Address		
F			Palm Bay, FL 32907		
			City/State and Zip Code		<del></del>
kimberlee.turley@yahoo.com  E-mail address: (to be used for future annual report notification)					
For fur	ther information o	concerning this matter, please c	eall:		
	Kim	beriee Turley	at (719)	660-9832	!
		f Person		Daytime Telephone N	<u></u>
Enclos	ed is a check for t	he following amount:			
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Ce oclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)
MAILING ADDRESS:		STREET/C	OURIER ADDRE	SS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Com	Ogurt LLC pany as it now appea d Liability Company)	ers on our records.)				
The Articles of Organization for this Limited Liability Compared Florida document number	and assigned					
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited li</u>	ability company he	<u>re</u> :				
The new name must be distinguishable and end with the words "Lin'L.L.C."	mited Liability Compa	any," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicable:	160 MALABA	AR RD SW STE11	4			
(Principal office address MUST BE A STREET ADDRESS)	PALM BAY,	FL 32907	12 APR			
Enter new mailing address, if applicable:	160 MALABA	AR RD SW STE	(testable til			
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address he		7 L 32907	京 で が  い			
Name of New Registered Agent:						
New Registered Office Address:	New Registered Office Address:  Enter Florida street address					
	··· · · · · · · · · · · · · · · · · ·	, Florida				
New Registered Agent's Signature, if changing Registered Agen	City t:		Zip Code			

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 amenting 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 **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** Benjamin Joyce 8722 Lilac Court ✓ Add Remove Prunedale, CA 93907 Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee

Page 2 of 2

Kimberlee Turley

sentative of a member

Filing Fee: \$25.00