L12000000893

(Re	questor's Name)	
· (Ad	dress)	<u>-</u>
(Ad	dress)	
V	,	
	101-1-101	- 40
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
(30	oument rumber,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		
rén	1: E 9012	
FEB 1/5 2013		
L. SELLERS		
		

.





100244450811

02/14/13--01023--014 **25.00

SHE NO ADMINISTRATION OF THE PROPERTY OF THE P

2018 FEB 14 FM 2: 1

FILED
3 FEB IL PH I: 19

•	CORPORATE/ "When you need ACCESS to the world"				
	ACCESS,				
	INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666				
	(300) 222-1000 . Fax (300) 222-1000				
	WALK IN				
	PICK UP: 2/14/13-ACan Q				
	CERTIFIED COPY				
	РНОТОСОРУ				
	Cus				
	FILING LLC Amend				
1.	MARION TITLE INSURANCE Agency, LLC (CORPORATE NAME AND DOCUMENT #)				
0					
2.	(CORPORATE NAME AND DOCUMENT #)				
3.					
	(CORPORATE NAME AND DOCUMENT #)				
4.	(CORPORATE NAME AND DOCUMENT #)				
	(CORPORATE NAME AND DOCUMENT #/				
5.	(CORPORATE NAME AND DOCUMENT #)				
ì.	(CORPORATE NAME AND DOCUMENT #)				
	•				
PE	CIAL INSTRUCTIONS:				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARION TITLE INSURANCE AGENCY, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Flori	ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L12000000893	ty Company were filed on JANUAF	RY 3, 2012 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
KR1602, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
Now itagistered office / idaless.	Enter Flor	rida street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registo	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	and complete performance of my a dagent as provided for in Chapter (ered office address, I hereby confir	duties, and I am fàmiliar with and 608, F.S. Or, if this document is	
	If Changing Registered Agent, Signa	ture of New Registered Agent	
	Page 1 of 3		

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
	-		Add	
			Remove	
			Add	
			Remove	
			Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	
			Add	
			Remove	
			Add	
			Remove	

D. If amending any ot	her information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated FEBRUAR	RY 14 2013
	Dland MP (and)
	Signature of a member or authorized representative of a member
H. RAN	IDOLPH KLEIN, MANAGER
 	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00