## LIZDOMSSYS

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(Do	cument Number)	
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400248692384

JUN 2 7 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Section
Division of Corporations

KBL SERVICES, 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:

**KENNY BLANCO** 

Name of Person

KBL SERVICES, LLC

Firm/Company

824 MAPLE FOREST AVE

Address

MINNEOLA, FL 34715

City/State and Zip Code

KBNEGOCIOS@YAHOO.COM

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

For further information concerning this matter, please call:

KENNY BLANCO

352 396-4616

Name of Person

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)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

## **KBL SERVICES, LLC**

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(M1)	onda Emmed Elabinty Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 01/11/201	2 and assigned
Florida document number L12000005545	·	SECRE JISION
This amendment is submitted to amend the follow	ing:	FILET OF COR 26 I
A. If amending name, enter the new name of the	ne limited liability company here:	PH 1: 4
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re	•	Zip Code
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as register	per and complete performance of my di	uties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Name	Address	Type of Action
MGRM	HENRY CAMPOS PORRAS		Add
			Remove
			<del></del>
<b>4</b> ************************************			Add
			Remove
			<u> </u>
			Add
			DIVERSION OF CO.
			TARY 09 03 126
<del></del>			OF STATE
			Remove
			— Add
<del></del>			Remove
			Add
			Remove

A Lab Conference Confe	***************************************
-0042	
, 2013	
Signature of a member or aethorized representa	tive of a member
BLANCO ())	
	Signature of a membor or anthorized representa

Page 3 of 3

Filing Fee: \$25.00

13. IUN 26 PH 1: 47