#112000009115

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Pat Kelso
Called 1/8/13
Needed to correct
Name of marm
by Adding
"Holding use bull"to
name



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K.SALY EXAMINER JAN -7 2013

COVER LETTER

Division of Corp			
SUBJECT: AT	omic Beel	nive LCC ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Pat Kels	Name of Person	
		Name of Person	
	Keiso Hol	ding, uc	
	7208 Wis	Sand Lake Rd., S	Fe 303
		Address	
	Orlando i	City/State and Zip Code Kelso Outpoor. Coto be used for future annual report notifications.	
	0 mg V 15 0	City/State and Zip Code	
	E-mail address: (t	Kelso Ovtown. C	ion)
For further information con	ncerning this matter, please c		
PAT Keiso		ar/4071493-755	55
Name of	Person	at (457) 493-755 Area Code & Daytime Te	elephone 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

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

(Name of the Limited Liability Company were filed on 1/19/12 and assigned Florida document number 1120009115.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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 being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Pat J. Keiso	7208 W. Sand Lake RQ. Ste 303 Orlando, Fi 32819	
MG RM	Thomas Sessions	6541 Hilden Beach Circ	
MGRM	Keiso Holding, uc	7208 W. Sand Lake RD. STE 303 Orlando, FL 32819	Add Remove
M <u>6 Rm</u>	Thomas & Judith Sessions Holdings, LLC	6541 Hidden Beach Circle Orlando Fi, 32819	_ \ Add _ Remove
			Add Remove
			Add Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	12/18/12
	That It It of
	Signature of a member or authorized representative of a member
	Patrice Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00