# 12,000009875

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J. BRYAN

APR 1 0 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Con			•
SUBJECT: K&	P Properties a Name of Limi	of Octando, UC ted Liability Company	<u>,                                    </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KEP Pr 9889 S.	Name of Person  Opertial of Orlo  Firm/Company  Orange Blossom Tr  Address  FL 32837  City/State and Zip Code  tors @aol. com  to be used for future annual report notifica	ch-"
For further information c	oncerning this matter, please c		
Jorge Name o	Perez f Person	at (407) 854-00 Area Code & Daytime T	Polo Polo Polo Polo Polo Polo Polo Polo
Enclosed is a check for the	he 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

K & Y Propertie	es of Orlands, U	LC.	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Comp.  Florida document number <u>L12000009875</u> .	pany were filed on $1/20/1$		
This amendment is submitted to amend the following:		TALLAHASSEE	
A. If amending name, enter the new name of the limited			
	·		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the desi	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		-90	
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	here:	s, enter the name of the new	
Nov. Bogistoped Office Address.			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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, 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 Name Type of Action Address** Akjandra Perez 9889 S. Oronge Blossom Trail NAdd Orlando, Fl 32837 Rem MGRN ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ April 5Th 2012 Signature of a member of authorized representative of a member Jórge Yerez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00