L12000019826

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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY - 9 2012 T. **HAMPTON**

COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation (Corporation)			
subject: Kath		concessions & Rentals, L	L.C.
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Margaret T. Barber	
	•	Name of Person	
	Kathleen's Lake	side Concessions & Rentals	s, L.L.C.
		Firm/Company	<u></u>
		3945 Rambler Ave.	
		Address	
	:	St. Cloud, FL 34772	
		City/State and Zip Code	
_	p	basseagle@aol.com	
	E-mail address: (t	o be used for future annual report notifica	ation)
For further information cond	erning this matter, please co	all:	
Margaret T. Barber			71-8001
Name of Pe	rson	Area Code & Daytime	Telephone Number
Enclosed is a check for the f	ollowing 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 MAY -7 PM 1:48

Kathleen's Lakeside	Concessions & Re	ntals, L.L.C.	
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	02/10/12	and assigned
Florida document number L12000019826	·		_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD			
		 	
Enter new mailing address, if applicable:		····	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on o <u>fress here</u> :	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		•	
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
	J., y		zip cont

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 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 Type of Action **Title** <u>Name</u> <u>Address</u> **MGRM** Cecil Jones 3945 Rambler Ave. St. Cloud, FL 34772 ✓ Add Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ignature of a member or authorized representative of a member Margaret T. Barber Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00