L12000028971

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12 TIAK 14 AM 10: 58

DIVISION OF CORPORATIONS

MAR 1 5 2012 T. HAMPTON

COVER LETTER

Division of Corpo	
SUBJECT:	KOBFENCE LLC
	Name of Limited Liability Company
	•
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Kevin James Brodewick
	Name of Person
	K3B Perce UC
•	Firm/Company
	581 Charlotta ave
	Address
	Palm Day FL. 32909 City/State and Zip-code
-	E-mail address: (to be used for future annual report notification)
For further information conc	terning this matter, please call:
	es Broderich at (371) 223-1606
Name of Pe	at (SA) 223 16 5 17 5 17 5 17 5 17 5 17 5 17 5 17 5
Enclosed is a check for the f	following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 CRETARY OF STATE DIVISION OF CORPORATIONS OF CORPORATIONS



12 MAR 14 AM 10: 58 Company as it now appears on our records.) Florida document number 1120000 28971 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida street address

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
esident	Kevin Junes Broderick	581 Chubter auc Palm Bay, PC, 32909	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE ON STATE OF CORPORATIONS OF A PROPERTY OF STATE
Dated		authorized representative of a member Junes Droderick	
		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00