

Aug. 26, 2012, 1:28 PM
Division of Corporations

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U2-000074523

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000212532 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321) 727-8100
Fax Number : (321) 984-4122

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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TALLAHASSEE, FLORIDA
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KENSINGTON PROPERTIES LLC**

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EXAMINER

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Aug. 24. 2012 1:29PM

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No. 0841 P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kensington Properties 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:

Phyllis Egendoerfer, paralegal
Name of Person

GrayRobinson, P.A.
Firm/Company

1795 West NASA Blvd.
Address

Malbourne, FL 32901
City/State and Zip Code

aravindkumarmd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Egendoerfer at (321) 727-8100
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

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2012 AUG 24 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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No. 0841 P. 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

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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	Address	Type of Action
MGRM	Krishnagurtly, Rajaari	3457 Cappio Drive Malbourne, FL 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Aravind, Sivatha	3457 Cappio Drive Malbourne, FL 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Aravind, Subhiksha	3457 Cappio Drive Malbourne, FL 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 22

2012

Signature of a member or authorized representative of a member

Aravind Kumar

Typed or printed name of signer

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Filing Fee: \$25.00

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2012 AUG 24 PM 3:24