#_ 12000099837

(Requestor's Name)				
(Address)				
(Address)				
(adds)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
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K. SALY EXAMINER AUG 3 0 2012

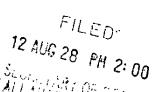
COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	Kaityln	Properties, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corn	espondence concerning this matte	to the following:			
		Jeffrey P. Greenberg			
		Name of Person			
Jeffrey P. Greenberg, P.A. Firm/Company					
	14	02 West Swann Avenue			
Address					
		Tampa, Florida 33606			
		City/State and Zip Code			
	gre E-mail address: (enberg@atlantic-hs.com to be used for future annual report notif	(cation)		
For further information	on concerning this matter, please				
	Jany Peters	at (813)	956-0832		
Nan	ne of Person	Area Code & Daytim	e Telephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/COURI Registration Section			
Division of Corporations		Division of Come			

Division of Corporations P.O. Box 6327 Taliahassec, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Kaitiy	n Propenies, LLC		F16" (2008 F11)
(Name of the Limited Liability (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	SEE, FLOR
The Articles of Organization for this Limited Liability (Florida document number L12000099837	Company were filed on	August 2, 2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	те:	
The new name must be distinguishable and end with the wo L.L.C."	ords "Limited Liability Comp	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fi	nter Florida street addre	
			
	City	, Florida	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 Type of Action Address Title Name MGR **Scotty Crockett** ☐ Add ☑ Remove 9621 Land O' Lakes Boulevard Land O' Lakes Florida 34638 ☑ Add □ Remove MGR Laddie Crockett 9621 Land O' Lakes Boulevard Land O' Lakes, Florida 34638. ☐ Add ☐ Remove ∏Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Scotty Crockett Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00