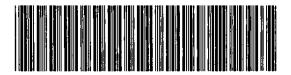
L12000143895

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	÷#)
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SECRETARY OF STATE DIVISION OF COPPORATIONS

C. LEWIS
FEB - 1 2013
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	ction porations.,		as ap
SUBJECT: Kane	ko Sports LLC		•
Sobsect.		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenneth Kar	ne	
		Name of Person	
		Firm/Company	
	3125 Hoke [Or.	
		Address	
	Edgewater,	FL 32141	
	kanecrew1@gma		
For further information or	E-mail address: (to proceed this matter, please or	o be used for future annual report notificat	ion)
Kenneth Ka	-	386 ₃ 428-3646	
Name of	Person	Area Code & Daytime To	elephone Number
Enclosed is a check for th	e 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 ARTICLES OF ORGANIZATION **OF**

FILEU SECRETARY OF STATE DIVISION OF CORFORATIONS

2013 JAN 3 1 AM 10: 45

Kaneko	Sne	orte	1.1	C
Nameno	יעט	ULG	ᄔ	.┕

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limite	ed Liability Company)		
The Articles of Organization for this Limited I Florida document number L12000143895		any were filed on 11	/14/2012	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited i	liability company her	œ:	
Double K Services LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "L	Limited Liability Compa	iny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	2	<u> </u>	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	S BOX)	 	 	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			our records, <u>enter</u>	the name of the new
New Registered Office Address:	N/A			
		En	ter Florida street a	ddress
			, Florida _	
		City	,	Zip Code
New Registered Agent's Signature, if changing	Registered Age	<u>ent:</u>		
I harahy accent the appointment as register	ad agent and	acrea to act in this a	anagity I further c	urraa to comply with

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action N/A N/A N/A Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
N/A	SECRETARY OF STATE ONVISION OF CORPORATION
 	2013 JAN 3 1 AM 10: 45
Dated January 15	
Scautt	of a member or authorized representative of a member
Kenneth Kane	of a metiger of audiorized representative of a method
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00