# 11200147702

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DEC 1 8 2012

**EXAMINER** 



600242177256

11/29/12--01011--004 \*\*25.00



## **COVER LETTER**

Division of C	Section Corporations		
SUBJECT:	KENDAL CREA	amery, uc	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	MR	. B. Parer	
		Name of Person	<del>.</del>
		Firm/Company	
	1011	BANKS ROSE	ST.
	CELE	BRATION, FL. 3 City/State and Zip Code	4747
		City/State and Zip Code	-
	F-mail address: (t	o be used for future annual report notificati	on)
Ear forther informatio	on concerning this matter, please c	· ·	on,
ror turner informatio	. 0	а <b>н.</b>	
	B. PATEL	at (305) 467-30	640
Nan	ne of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & 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 OF

<del>-</del>		AMGRY	_			
(Name of the Limited L (A F	isbility Company londs Limited Lia	as it now appears or bility Company)	our records.)			
The Articles of Organization for this Limited Lial Florida document number	• • •	ere filed on	-2912	an	nd assig	yne <b>đ</b>
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	<u>he limited liabili</u>	ty company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company,	the designation	"LLC" or	r the ab	breviation
Enter new principal offices address, if applicat	ole:					
(Principal office address MUST BE A STREET	ADDRESS)					
			······································	150	72	
				35 FF	33	ar condicate
Enter new mailing address, if applicable:				SS		SHECKER.
<u>(Mailing address MAY BE A POST OFFICE B</u>	<u>0X0</u>	· <del></del>		<u> </u>	2	THE .
	,			<u> </u>	==	Ţ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, <u>ente</u>	the na	⊋ me of	the new
		L PATEL				
Name of New Registered Agent:						
New Registered Office Address:	1011	BMKS				
	C	Enter I	Florida street a	ddress	٠ ٢ ٠	_
,	ule	City	, Florida	<u>_ځ</u> ر	<u> </u>	
		City		Zip	Code	
<u>New Registered Agent's Signature, if changing Re</u>	gistered 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 = Man MGRM = Ma	ager anaging Member		
Title MC2_	Name Path	4300 SU 75 ST. MIMMI FL. 33173	
MGR	MUK TAVESTMENTS, LLC	21 FINLOW CT. AVE. LONDON U-K N-12 DEA	Add Remove
			Add
			Add
		,	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove

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	,		
	11-29	. 2012	
		BM	
	Signa	ture of a member of authorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00