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(Cit	ty/State/Zip/Phone	e #)
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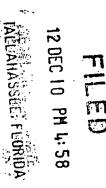
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B. BOSTICK

DEC 1 1 2012

EXAMINER

COVER LETTER

TO:

Registration Section * "
Division of Corporations

SUBJECT

3MMICHEL 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:

JODI GOUGE

Name of Person

KPL MANAGEMENT LLC

Firm/Company

299 W CAMINO GARDENS BLVD #201

Address

BOCA RATON, FL 33432

City/State and Zip Code

INFO@KPLDEVELOPMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODI GOUGE

_{ar},561,447-2541

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)

Ŷ,

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

3MMICHEL LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for the Articles of th	ny were filed on 11[29[201	2	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Lir'L.L.C."	mited Liability Company," the	designation "LLC	or the abbrev
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	5 1-3	
		P 2	20
Enter new mailing address, if applicable:		SSE	0 !
Mailing address MAY BE A POST OFFICE BOX)			고 !!
			_ .
		86	8
3. If amending the registered agent and/or registered		ords, enter the	name of the
registered agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agents			
Name of New Registered Agent:			
New Registered Office Address:	r r		
	Enter Flori	da street addres	is:
		, Florida	7: C 1
	City		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 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>	<u>Address</u>	Type of Action
MGRM	ERIC KORCHIA	160 W CAMINO REAL #2 □6	✓ Add
		BOCA RATON, FL 33432	Remove
			-
			Add
			Remove
			_ L Add
			Remove
	•	A A A A A A A A A A A A A A A A A A A	Add
		ARASSI	Remove
		HASSEE FIGUR	# (3)
		NOA.	Add
			Add
			Remove

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
ated	
	Signature of a member of authorized representative of a member
	CEDRIC MICHEL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SEGRILLEY STATES