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(Re	questor's Name)	
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K.SALY EXAMINER JUN 11 2013

COVER LETTER

TO: **Registration Section Division of Corporations**

Fruitmania, 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:

Tricia L. Rldgway-Kapustka

Name of Person

Firm/Company

5230 Riverton Road

Address

Jacksonville, FL 32277

City/State and Zip Code

TRKapustka@comcast.net

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

For further information concerning this matter, please call:

Tricia L. Ridgway-Kapustka at (904) 891-6320

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Fruitmania LLC

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

(***	onau zmnou znaoma, company,	· ····································
The Articles of Organization for this Limited Liab	ility Company were filed on May 30	, 2013 and assigned
Florida document number L13000078170		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
KapSim LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on our r	ecords enter the name of the new
registered agent and/or the new registered offic	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	lorida street address
_		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 Title Name **Address Type of Action** Remove Remove Remove

Remove

. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
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ted	June 1 1 2, 2013.
	7 1.1/1/1
	Mark Instruct
	Signature of a member or authorized representative of a member
	Tricia L. Kidgway-Kapustka
	Typed-or printed name of signee

Page 3 of 3

Filing Fee: \$25.00