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(Re	equestor's Name)	·
(Ac	ldress)	·
(Ac	ddress)	<u>.</u>
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number))
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SECULIARY OF ROLL SECTIONS

B. BOSTICK

SEP 0 5 2013

EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo		i,	
SUBJECT:	Kamo L Name of Limit	L C ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	J.
		SON D GUILLY Name of Person LLC Firm/Company	
	253	Lake Margo, Address	ret Dr.
		Address	
	Orla.	ndo F1 3280 (City/State and Zip Code	6
		o be used for future annual report notificati	PA PA
For further information con			19.55 19.55
Jason Gu Name of P	rson J	at (<u>321) 230-/02</u> Area Code & Daytime Te	6 Property P
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

(Name of the Limited Liability Co		ers on our records.)		
(Name of the Limited Liability Conference of Organization for this Limited Liability Conference of Organization for the Org	npany were filed on	2 24 1		and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company he	re:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation	on "LLC"	or the at	obreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	SS)		ALLAN	2013 SE	* ,
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	NESE!	+	**
(Mailing address MAY BE A POST OFFICE BOX)			20.	<u>5:</u>	1
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, ent	er the r	name of	the new
Name of New Registered Agent:					
New Registered Office Address:	E	nter Florida street	address		
		, Florida	ı		
	City	 ,	Z	ip 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 Title Title Name **Address Type of Action** 1413 Convay Isle Cir Add Ethell John R MGR Orlando, Fl. 32809 Remove MGR Gulley, Jason D. 253/Lake margaret Or. X Add Orlando, Fl 32806 Remove Remove Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
_	Please Remove John Ethell, he			
-	is no longer a part of Kamo CLC			
-				
Dated	8,29.2013,			
	Juan D. Gurly			
	Signature of a member or authorized representative of a member			
	Jason D. Gurley			
	Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00