Division of Corporations Electronic Filing Cover Sheet

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KENT DUDLEY, LLC

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Corporate Filing Menu

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February 27, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations

KENT DUDLEY, LLC 551 AVENUE K SE WINTER HAVEN, FL 33880

SUBJECT: KENT DUDLEY, LLC

REF: L13000176980

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

LLC do not have shareholders, please remove any reference to shareholders in the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II FAX Aud. #: H14000047840 Letter Number: 914A00004372

RECEIVED
14 FEB 27 PH 3: 10
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALTER 27 ANII: 09

TACTOR ONIOA

Kent Dudley, LLC

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

The Articles of Organization for this Limited Liability Florida document number L13000176980	y Company were filed on 12-26-13	and assigned
This amendment is submitted to amend the following	· · · · · · · · · · · · · · · · · · ·	
A. If amending name, enter the new name of the li	imited liability company here:	
Richard Kent Dudley, LLC	• •	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our record	s, enter the name of the new
Name of New Registered Agent:		
Now Registered Office Address:		•
*	Erter Florida street addres	*
	, Fl	orida
_	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Ma AMBR= Au	mager thorized Member		•
Title	<u>Name</u>	Address	Type of Action
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the date this document is filed by the Florida Dated February 26	prior to date of receipt or filed date and cannot be Department of State)	more than 90 days after

Page 3 of 3

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