

4400019237

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000200674 3)))



H140002006743ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : I20010000122
Phone : (239)659-3800
Fax Number : (239)659-3812

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 AUG 26 11:12:03
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

RECEIVED
14 AUG 26 PM 1:43
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
KOEDI'S PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

AUG 27 2014

S. YOUNG

((H14000200674 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kodel's Properties, LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 29, 2014 and assigned Florida document number L14000119237

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kodel Properties, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14
AUG 26 4 12 0
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

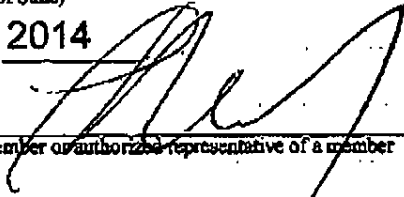
((H14000200674 3)))

((H14000200674 3))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 26, 2014



Signature of a member or authorized representative of a member

C. Neil Gregory

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 14 AUG 28 11:12:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA