## L15000097976

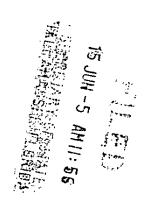
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JUN 08 2015 J SHIVERS

## **COVER LETTER**

	egistration Sec vision of Corp	, ction	COVER LETTER	6/4/15 Via Federal Express
SUBJECT		Trust, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspor	dence concerning this matter	to the following:	
		David L. Ciccarello, Esq.		
			Name of Person	
		The Wilbur Smith Law Fir	m	
			Firm/Company	
		1415 Hendry Street		
			Address	
		Fort Myers, FL 33901		
		dlciccarello@wilburlaw.com	City/State and Zip Code n	
		E-mail address: (	to be used for future annual report notific	cation)
For further	information co	ncerning this matter, please co	all:	
David L. C	ciccarello, Esq.		239 334-7696 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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

**MAILING ADDRESS:** 

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed) Enclosed

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KANE FAMILY TRUST, LLC (Name of the Limited Liability Con	npany as it now appears on our records.)	
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000093936</u> .	ny were filed on May 28, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent:		r the name of the n
		200
New Registered Office Address:	Enter Florida street address	7 7 7 mm
<del></del>	, Florida _	765
New Registered Agent's Signature, if changing Registered Ager	·	Zip Codle
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

j.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Shifra S. Kane	9715 Woods Drive, Unit 509	
		Skokie, IL 60078	<b>■</b> Remove
			Change
MBR	Lauren P. Kane	715 S. State Street	
		Champaign, IL 61820	Remove
			□ Change
			Add
			☐ Remove
			□ Change
			□ Remove
		<u> </u>	☐ Change
	<del></del>		□ Add
			Remove
			☐ Change
<del></del>			
		<u> </u>	☐ Remove
			☐ Change

Unit 509, Skokie, Il 6007	78 - AND REPLACE WITH THE FOLLOWING:
Lauren P. Kane, 715 S. S	State Street, Champaign, IL 61820
	<u> </u>
fective date, if other than	the date of filing: (optional)
te: If the date inserted in thi	e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 its block does not meet the applicable statutory filing requirements, this date will not be listed
cument's effective date on th	he Department of State's records.
record specifies a dela	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 90th day after the	record is filed.
June 4	2015
ted	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00