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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 23 2015

**8 MASON** 

## **COVER LETTER**

Via Federal Express TO: **Registration Section Division of Corporations** Kane Family Trust, LLC SUBJECT: 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: David L. Ciccarello, Esq. Name of Person The Wilbur Smith Law Firm Firm/Company 1415 Hendry Street Address Fort Myers, FL 33901 City/State and Zip Code dlciccarello@wilburlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David L. Ciccarello, Esq. Name of Person Daytime Telephone Number

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

**■** \$25.00 Filing Fee

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

(additional copy is enclosed

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KANE FAMILY TRUST, LLC	Nille Commence of the second o	<del></del>
(Name of the Little Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000093936	y Company were filed on May 28, 2015	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:	
The new name must be distinguishable and contain 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 AD	DDRESS)	<u> </u>
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	egistered office address on our records, <u>e</u>	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	•	Zip Code
New Registered Agent's Signature, if changing Regist	<del>"</del>	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist	nd complete performance of my duties, and I d agent as provided for in Chapter 605, F.S.	am familiar with and Or, if this document

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Stephen Ramsey and Elaine Sherer	6535 Winkler Road	Add
		Fort Myers, FL 33919	■ Remove
			☐ Change
MBR	Matthew Seth Kane	Post Office Box 568	<b>∃</b> Add
		Hagatna, Guam 96932	□ Remove
			☐ Change
			Add
			□ Remove
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			C) Change

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Filing Fee: \$25.00