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.

(((H16000113550 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **KESSUS LLC**

Certificate of Status	0
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Page Count	01
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Help

MAY OF 2016 J. HARRIS

5/6/2016 11:43:55 AM From: To: 8506176383( 2/5 )

• , ,

### **COVER LETTER**

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TO:	Registration Se Division of Cor				
SUBTE	KESSUS L	LC			
Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	etum all correspo	ndence concerning this matter	to the following:		
		Nicole Harms			
			Name of Person		
		Dickinson Wright PLLC			
		<u> </u>	Firm/Company		
		2600 W. Big Beaver Rd.,	Suite 300		
			Address		
		Troy, MI 48084			
			City/State and Zip Code	· · · · · ·	
		nharms@dickinsonwright.c			
		E-mail address: (	to be used for future annual report notif	lication)	
For furth	er information co	oncerning this matter, please co	all:		
Nicole I	Harms		248 433-7585		
	Name of	f Person	at (at Code Daytime	e Telephone Number	
Enclosed	l is a check for th	ne following amount:			
▼ \$253	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

5/6/2016 11:43:55 AM From: To: 8506176383( 3/5 )

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KESSUS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
e Articles of Organization for this Limited Liability Company were filed on January 21, 2016 orida document number L16000015009		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		, amelli go
(Principal office address MUST BE A STREET ADDRESS)	[— [·	
	<u> </u>	
		· o , ===
Enter new mailing address, if applicable:	्रि सिंह	a a iii
(Mailing address MAY BE A POST OFFICE BOX)	<del>ارا</del> (۱	
Training underess HELL DE ALOST OFFICE BOA	<u> </u>	
		<u>n =</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
,	City	Zip Code
New Posistand Apost? Signature if sharping Designand Aposts		

#### 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

5/6/2016 11:43:55 AM From: To: 8506176383( 4/5 )

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

Title	<u>Name</u>	Address	Type of Action
AMBR,	Susanne Kessler	6382 Old Mahogany Ct.	
President, Treasurer, & Secretary		Naples, FL 34109	☐ Remove
			▼ Change
AMBR	Kessler-Disterheft Family Trust	6382 Old Mahogany Ct.	
		Naples, FL 34109	■ Remove
			Change
SEC	Martin Disterheft	6382 Old Mahogany Ct.	
		Naples, FL 34109	■ Remove
			Change
			□ Add
			Remove
			Change
			Addt S HA Part CREED Remove Change 9: Add Add S S T C Change 9: Add Add S S S T C CREED REMOVE 1 Add S S S T C CREED REMOVE 1 Add S S S T C CREED REMOVE 1 Add S S S T C CREED REMOVE 1 Add S S S T C CREED REMOVE 1 Add S S S T C CREED REMOVE 1 Add S S S T C CREED REMOVE 1 Add S S S S T C CREED REMOVE 1 Add S S S S S S S S S S S S S S S S S S
			□ Remove
			☐ Change

5/6/2016 11:43:55 AM From: To: 8506176383( 5/5 )

E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days ofter filing.) Pursuant to 605,0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		·				
E. Effective date, if other than the date of filling:	nent's effective date on t	ne Department of Sta	te's records.			
	If the date inserted in the	is block does not me	et the applicable statuto	ng or more than 90 days or ry filing requirements,	optional) after filing.) Pursuant to e this date will not be l	505,0207 (3)(b) isted as the
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