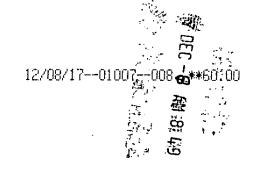
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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: AM	KINXX & COMPANY	40	
bebote	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	12		
	K	HYPA WILKES Name of Person	
	A.A.A. 171	nhal & coldinable C	
	AM KI	Firm/Company	
	1000 THO	MASULLE DO	
	1000 [110	Address	
	TAUL	HASCEE, FL 32303	
		City/State and Zip Code	
	E-mail address: (. WILKES @YAHOD .COM to be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	all:	·
1211/04 . 41	n Nec	101 000	.l.a
KHYRA W Name o	f Person	at () 9 \\ \frac{7 \chi^2}{1 \chi^2} \\ \text{Area Code} \text{Daytime}	e Telephone Number
Enclosed is a check for the	he 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 (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Company as it now appears or Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Co		10/-/-	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:	:		
KINXX & COMPANY LC The new name must be distinguishable and contain the words "Limit				
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desig	nation "LLC" or the abl	breviation "L.L.C."	-
Enter new principal offices address, if applicable:				-
(Principal office address MUST BE A STREET ADDRI	<u></u>			_
				_
Enter new mailing address, if applicable:			i i i i i i i i i i i i i i i i i i i	
(Mailing address MAY BE A POST OFFICE BOX)			9	-
<u> </u>		1000		
			60	• :
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ır records, <u>enter</u>	the name of The 1	7.
				٠.
Name of New Registered Agent:			رف برزيز	_
New Registered Office Address:				
Non-Registered Office Prediction.	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 a provisions of all statutes relative to the proper and con accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am for pter 605, F.S. Or,	amiliar with and if this document is	
	If Changing Registered Agent	, Signature of New Rep	gistered Agent	

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
		•	□ Remove
			Change
			□ Add
			☐ Remove
			Change
		****	□ Add
			□ Remove
			☐ Change
			☐ Remove
		,	□ Add EC
	···		La Add
			Remove
			Change
			□ Add
			□ Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		-1.tt.
	Et .	<i>6</i> 90 -
		# <u>#</u>
		, 5
	V	
	<u> </u>	
Note:	tive date, if other than the date of filing:	,0207 (3)(b) ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	Signature of a member or authorized representative of a member	
	KHYRA WILKES	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00