

L21000177864304
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

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

Email Address: NS@NickSpradlin.com

SECRETARY OF STATE
TALLAHASSEE, FL
2021 MAY -3 PM 4:48
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TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KLEBER BAY, LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KLEBER BAY, 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 04/09/2021 and assigned Florida document number L21000166304

This amendment is submitted to amend the following:

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

THE HOUSE PEOPLE, LLC

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:

244 CREEKWOOD RUN

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND FL 33809

Enter new mailing address, if applicable:

244 CREEKWOOD RUN

(Mailing address MAY BE A POST OFFICE BOX)

LAKELAND FL 33809

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2021 MAY -3 PM 4:18
SECRETARY OF STATE
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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JEFFREY L. LEEDLE	244 CREEKWOOD RUN	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		LAKELAND FL 33809	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
 PALM BEACH, FL
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 -3
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