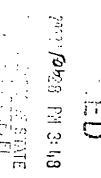
LOCC 0022634

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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R. HUNT GZ/ZJ/ン

COVER LETTER

Registration Section TO: **Division of Corporations**

•

SUBJECT:	Kelley & Kelley, P.L.				
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Sean Kelley			
		+	Name of Person	/ <u>/ </u>	
		Kelley & Kelley, P.L.			
			Firm/Company	-	
		43 Cincinnati Ave.			
			Address		
		St. Augustine, FL 32084			
		sean@kelleyandkelley.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For further in	nformation co	oncerning this matter, please co	all:		
Sean Kelley			904		
	Name of	Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as <mark>it now appears on our</mark> ed Liability Company)	records.)	
ny were filed on D2/08	12011	and assigned
		:
ability company here:		
ability Company," the designatio	on "LLC" or the abb	reviation "L.L.C."
		. 3
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		P IT
		<u> </u>
	L.	1 3
ce address on our records,	enter the name	
Enter Florida stree	t address	
imer i mitat suee		
City	Florida	Zip Code
	ability company here: ability Company," the designation	Enter Florida street address

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>	Type of Action
			□ Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
		 	□Remove
			□ Change

limited	ed liability company, for use as a fictitous name.	
The	purpose of this entity is to provide legal ser	vicas.
		
(If an effective d Note: If the	date, if other than the date of filing:	
he record speci ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	e 90th day after the
Dated <u>fa</u>	Educary 27 2023.	
	Signature of a member or authorized representative of a member	