## L07000024276

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2012 FEB II3 PM 1: 29
SEURETARY OF STATE

C. LEWIS
FEB 1 4 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: TIMOTHY KIRK GROUP LLC			
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:			
TIMOTHY M KIRK			
Name of Person			
Firm/Company			
5877 INDIGO CROSSING DR			
Address			
V1600 EL 32905			
VIERA FL 32905 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
TIMOTHY M KIRK at (321) 698-1947  Name of Person Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fec \$\ \text{Solution}\$\$\ \text{Solution}\$\$\ \text{Certificate of Status}\$\$\$ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$\$ \text{Certified Copy} \ \ \text{(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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 20/2 FEB / 3 PM /: 2

		SECRETARY 1: 29
	L GROUP LLC bility Company as it now app	TALLAHASSEE STATE
(A Flo	rida Limited Liability Compan	y)
The Articles of Organization for this Limited Liabil		3/05/2007 and assigned
Florida document number L07000024270	<u>0</u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company	nere:
EL PUEBLO REAL ESTA	TE LLC	
The new name must be distinguishable and end with the	e words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable	: 	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u>()</u>	
	<u> </u>	
B. If amending the registered agent and/or r	egistered office address o	n 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	
<del>-</del>	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Name** Address **Type of Action** ☐ Add Remove ☐ Add Remove Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY 9. Dated Signature of a member or authorized representative of a member M KIRK
Typed or printed name of signee **IMOTHY** 

Page 2 of 2

Filing Fee: \$25.00