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(Address)

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20 JAN -6 PM 1:15
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

FEB 04 2020
C McNAIR

COVER LETTER

20 JAN -6 PM 1:16
TALLAHASSEE, FL 32303
REGISTRATION SECTION
DIVISION OF CORPORATIONS

TO: Registration Section
Division of Corporations

SUBJECT: Kingstown Family Trust I, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neil Polstein

Name of Person

Polstein Law Offices, P.C.

Firm Company

825 Nicollet Mall, Suite 1948

Address

Minneapolis, MN 55402

City/State and Zip Code

npolstein@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: _____

Neil Polstein

612 332-8063

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 JAN - 6 PM 1:16
RECEIVED
CLERK OF COURT
JANUARY 6, 2016

The Articles of Organization for this Limited Liability Company were filed on 1/20/2010 and assigned

Florida document number 107000029825

This amendment is submitted to amend the following:

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

Not amending name _____

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:

(Principal office address MUST BE A STREET ADDRESS)

3847 White Lake Blvd.

Naples, FL 34117

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3847 White Lake Blvd.

Naples, FL 34117

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:

Matthew N. Allen

New Registered Office Address:

3847 White Lake Blvd.

Enter Florida street address

Naples

City

Florida 34117

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>
MGR	JOHN N. ALLEN	321 First Street North, Minneapolis, MN 55401	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Matthew N. Allen	3847 White Lake Blvd., Naples, FL 34117	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Jan 2, 2020

Math. Miller

Signature of a member or authorized representative of a member

N.
Matthew Allen

Typed or printed name of signee