# 107000080279

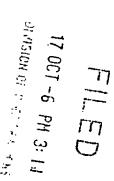
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### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Kirby Fami	ited Liability Company	LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	···
		Cirby Family Pro Elm/Company W. De Leon S Dekle Are.	operties, LLC
	E-mail address: (	Tampa, FL  City/State and Zip Code  Kirby or sperty (2)  to be used for future annual report notice	33606 Dgmail.com
For further information	concerning this matter, please ca	all:	
Je Name	d Kirby of Person	at ( <u>813</u> ) <u>453</u> -	-7608 e 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/COURIER ADDRESS: 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 Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0700080279</u>	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	Sig C T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	를 보고 다. 
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the nev</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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, <u>enter the title, name, and address of each person\_being added</u>. <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Katherine Kirby	GIO W. De Leon St.	Add
		610 W. De Leon St.  Tampa, FL 33606	□ Remove
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an effecti <u>ote:</u> If t	date, if other than we date is listed, the dat the date inserted in the 's effective date on the	e must be specific nis block does no	and cannot be proof of meet the app	ior to date of fill Licable statuto	ing or more than 90	(optional) days after filing.) nents, this date	Pursuant to 605.02 will not be listed :
	d specifies a del Oth day after the			not an effec	ctive time, at	12:01 a.m. (	on the earlier
ated	Octobe	, 2	. 201	7			

Page 3 of 3

Filing Fee: \$25.00