L11000105935

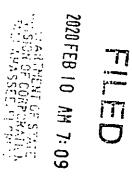
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COVER LETTER

TO:

Registration Section Division of Corporations

Nelida Kehle, LLC SUBJECT: 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: Nelida Kehle Name of Person Illustrated Properties Firm/Company 2725 PGA Blvd Address Palm Beach Gardens, Fl. 33410 City/State and Zip Code nelidakehle@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 339-7007 Nelida Kehle Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	perty & Investment Compa)20.		
(Name of the Limited Liability (A Florida I	Company as it now appear Limited Liability Company)	s on our records.)	288 8		
The Articles of Organization for this Limited Liability Co Florida document numberL11000105935 This amendment is submitted to amend the following:	mpany were filed on	09/15/2011	and assigned 1: 09		
This amendment is submitted to amend the following.			.		
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :			
Nelida	Kehle, LUC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	esignation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
• •	rec:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
					
			· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	ecords, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:			<u>.</u>		
New Registered Office Address:					
	Enter Flor	ida street address			
	. Florida				
	City	FIOFIC	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 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>	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
		 	□Add
			Remove
			□Change

(If an e Note:	tive date, if other than the date of filing: [flective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
ord is f	
Dated	rebruary 05th. 2020. Nelida Kehll
	Nelida Kehll
	Signature of a member or authorized representative of a member
	'

Filing Fee: \$25.00