## 111000108246

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(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
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**EXAMINER** 

## **COVER LETTER**

	ion Section , of Corporations			) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
SUBJECT:	KIM SANDBER	G REAL ESTATE LLC		
30B0EC1.		ited Liability Company		•
The enclosed Artic	eles of Amendment and fee(s) are sul	omitted for filing.		
Please return all co	orrespondence concerning this matter	to the following:		
		Kimberley Sandberg		
		Name of Person		
		Firm/Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
		329 TEMPLETON LN		
		Address		是 12
	PO	NTE VEDRA, FL 32081		FEB T
	ksa E-mail address: (	City/State and Zip Code  andberg@comcast.net  to be used for future annual report notif	(cation)	20, SSEE
For further informs	ation concerning this matter, please c			
ŀ	Cimberley Sandberg	at (_904_)	703-4715	SIE S
1	Name of Person	Area Code & Daytim	e Telephone Number	T
Enclosed is a chec	k for the following amount:			
\$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	s55,00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	te of Status &
I I I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations rater Circle	
	• • •			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIM SANDB	ERG REAL ESTATE	LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000108246	Company were filed on	09/21/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	<b>;</b>	
KIMBER	LEY SANDBERG LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compan	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>		AV-
			15 M 3
Enter new mailing address, if applicable:			FEB 2
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		MY D
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on ou dress here:	ur records, <u>enter t</u>	Desparation the new
Name of New Registered Agent:		•	
New Registered Office Address:			
	Ente	er Florida street ada	ress
		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
		,	
			Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if nece	ssary.)
			12 F
			AS C
			EB 20 M D &5  FIARY OF STATE ASSEE: PLORIDA

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Filing Fee: \$25.00