# L12000071335

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SECRETARY OF STANDARY O

C. LEWIS

MAR 2 6 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: 13 KA	THY DRIVE I	LC	
SUBJECT:	T-15-T-1	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Kimberly Be	II	
	13 KATHY D	Name of Person  ORIVE LLC	
		Firm/Company	
	124 N Nova	Road, #125	
		Address	
	Ormond Bea	ach FL 32174	
	KimPall El @ama	City/State and Zip Code	
-	KimBell.FL@gma	in.COIII to be used for future annual report notifi	ication)
For further information cond	cerning this matter, please ca	ıll:	
Kimberly Bel	1	at (386) 212-80	686
Name of Po	erson		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

APPROVED AND FILED

14 MMR 24 PM 1:48

13 KATHY DRIVE LLC

SECRETARY OF STATE TALL AHASSEF, FLORIDA

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

The Articles of Organization for this Limited L	Liability Compar	iy were filed on U5/2	23/2012	and assigned
Florida document number <u>L12000071335</u>	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited lis	ability company here	<b>:</b>	
The new name must be distinguishable and end with the	words "Limited Li	iability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name of the new
registered agent and/or the new registered o	omce address n	<u>ere</u> :		
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:			a street address	
		Enter Floria	i street aaaress	
		City	, Florida	Zip Code
		•		Zip Code
New Registered Agent's Signature, if changing		<del>_</del>		
I hereby accept the appointment as register	ed agent and a	gree to act in this ca	pacity. I further agi	ree to comply with the

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	KIMBERLY BELL CUSTODIAN FOR REBECCA LYNNE	124 N Nova Rd, #125 Ormond Beach FL 32	174 □ Add
			■ Remove
			Add
		<del></del>	□ Remove
			Add
			Remove
			Add
			□ Remove
			Add
			□ Remove
			□ Remove

D. If am		e address for ERIC P BELL to reflect
	new address of 82	Grey Dapple Way, Ormond Beach, FL 32174.
	Thank you.	
(The of		be prior to date of receipt or filed date and cannot be more than 90 days after
Dated	te this document is filed by the Flori 03/19	2014
	- Frider	Sell Ma RM  Stature of a member or authorized representative of a member
	Kimberly Bell	Typed or printed name of signee
		Types of printed name of signee

Page 3 of 3

Filing Fee: \$25.00