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PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	?)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	<#T Nelson	LLC	
	Name of Lim	ited Liability Company	
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:	
	Thomas	B. VSDV Name of Person	
	KOT Nelso	Firm/Company	<del></del>
		de Forest Cour	
	Santor	City/State and Zin Code	7/
	E-mail address: (1	City/State and Zip Code  500 G Mail. Com to be used for future annual report notif	ication)
For further information	concerning this matter, please ca		
+homas	R. Nelson	at ( <u>366)</u> <u>205 /</u> Area Code Daytime	0383 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

K #T Nelson	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on Nov. 15 2012 and assig	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  Tom Nelson Properties I  The new name must be distinguishable and contain the words "Limited Liability"	<del></del>	C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	444 Ridge Forest Court Sanfuad, FL. 32771	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	Sanford FL 30-1712	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:		f file new
New Registered Office Address:	Enter Florida street address	
	, Florida	<del></del>
	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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	Kai Nelson	1141 Central Part Drive	Add
		Santord, FL 32771	Remove
			Change
MGR	Denise Velsou	444 Ridge Forest Court	b Add
		444 Ridge Forest Court Santord, FL 32771	□ Remove
			Change
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			D Nemove
		S S E E	hange
		FLORIDA	Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day.  Note: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	(optional) ys after filing.) Pursu its, this date will no	ant to 605 of be liste	5.020 ed a
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m. on th	e earlie	er (
Dated December 8th, 2017.			
Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00