

13000034602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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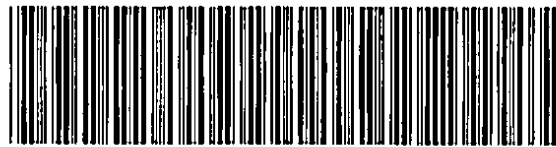
(Business Entity Name)

(Document Number)

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FILED

2019 JAN 14 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
JAN 14 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KIMBERLEY ZINERCO LLC**

\_\_\_\_\_  
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:

Kimberley Urso

\_\_\_\_\_  
Name of Person

Kimberley Urso LLC

\_\_\_\_\_  
Firm/Company

14920 Fishhawk Preserve Drive

\_\_\_\_\_  
Address

Lithia, FL 33547

\_\_\_\_\_  
City/State and Zip Code

kimurso70@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberley Urso

813 753-8037  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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**

KIMBERLEY ZINERCO LLC

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

**FILED**  
2019 JAN 14 PM 12:54

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on MARCH 6, 2013 and assigned Florida document number L13000034602.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KIMBERLEY URSO LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

14920 FISHHAWK PRESERVE DRIVE

LITHIA, FL 33547

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

14920 FISHHAWK PRESERVE DRIVE

LITHIA, FL 33547

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

KIMBERLEY URSO

New Registered Office Address:

14920 FISHHAWK PRESERVE DRIVE

*Enter Florida street address*

LITHIA

*City*

. Florida 33547

*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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KIMBERLEY URSO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		14920 FISHHAWK PRESERVE DRIVE LITHIA, FL 33547	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 9, 2019

Kimberley Corso  
Signature of a member or authorized representative of a member

Typed or printed name of signee