

L13000039945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

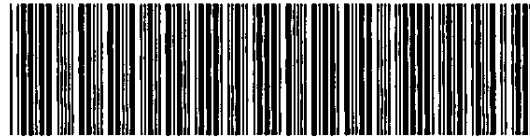
(Business Entity Name)

(Document Number)

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04/29/13--01002--014 **50.00

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13 APR 29 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 30 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

KYO CELIMA LEGACY 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:

MARK WARDA

Name of Person

L.T.S.C., LLC

Firm/Company

PO BOX 186

Address

LAKE WALES, FL 33859

City/State and Zip Code

LOTUS25@TAMPABAY.FL.COM

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

For further information concerning this matter, please call:

MARK WARDA

863 678-0011

Name of Person

at (_____) _____

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**

FILED

KYO CELIMA LEGACY LLC

13 APR 29 PM 3:58

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/18/2013 and assigned
Florida document number L13000039945.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

2406 SR 60 EAST

#1964

VALRICO, FL 33595

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2406 SR 60 EAST

#1964

VALRICO, FL 33595

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:

New Registered Office Address:

2406 SR 60 EAST #1964

Enter Florida street address

VALRICO

Florida

33595

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KYO CELIMA TRUST	5003 CEDAR GLENN COURT TALLAHASSEE, FLORIDA	<input type="checkbox"/> Add
		VALRICO, FL 33596	<input checked="" type="checkbox"/> Remove
MGR	KYO CELIMA TRUST	2406 SR 60 EAST #1964	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33595	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove


D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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13 APR 29 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated April 23, 2013



Signature of a member or authorized representative of a member

MARK WARDA, AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee

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Filing Fee: \$25.00