## LH000 103 139

(Requestor's Name)		
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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NOV 12 2019 S. YOUNG

## **COVER LETTER**

SUBJECT:	IMOND K	INVUSTMOR	it LLC
		d Liability Company	
The enclosed Articles of Amo	endment and fee(s) are submi	ited for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	D. KEA+	EY WALDROI	✓
-		Name of Person	
-		Firm/Company	
	POBO	3679 Address	
•		Address	
	Sebring	City/State and Zip Code	71
•		City/State and Zip Code	
_	WAIDRONC Employedress (to	hiro @ 9 mail be used for future annual report notificatio	$\frac{Con}{n!}$
		·	111
For further information conce	erning this matter, please call	;	
D. KEATLEY Name of Per	WALDRON	at (863) 382 - Daytime Tele	phone Number
Enclosed is a check for the fo			
\$25.00 Filing Fee E	□ \$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

TO:

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 INVLS+ MENT LLE S  Liability Company as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Liah Florida document number L(4)	
A. If amending name, enter the new name of the $ \mathcal{S} $	
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> ce address here:
Name of New Registered Agent;	N/A
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin Coda

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M	Ronnia Waldron	9812 PAYNERDAD Sebring, FL 33875	Add
			□ Remove
			Change
			O Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change

famending any other information, enter change(s) here: (Attach addition  AMUNDING DUNERSHIP & LL	
D. KEAHLEY WALDRON	25 %
Kimberlee A WAldron	25 %
Ronnia Waldron	50 %
	· · · · · · · · · · · · · · · · · · ·
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 sote:  If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective tir The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
ated 10 11 19	
Signature of a member or authorized representative of	f a member
D. KEATLEY WALDRON, Typed or printed name of signee	

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Filing Fee: \$25.00