15000021615

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
/Ci	ry/State/Zip/Phone #)	
(CII	ty/State/Zip/Phone #)	l
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
	ocument Number)	
(50)	out in the individual of the i	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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WIT-	20229	

Office Use Only



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10/10/17--01045--003 **25.00

OVISION OF CORPORATIONS

17 OCT 11 PM 3: 29

COVER LETTER

SUBJECT:	AEPINTIVDS Name of Limi	ted Liability Company	<u>LLC</u>
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	KE11	is Richard	<u>/</u>
	PREP 1.	775ND5 ACA	9Denig LCC
	2908 G	-KHND BULLE Address	<u>VAKD</u>
	·	City/State and Zip Code OF CR C3 17 VG(1) o be used for future annual report notif	
	ncerning this matter, please ca		
RIS 44-68 Name of	S62 Kelis Rich Person	Area Code Daytime	356 Z : Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section **Division of Corporations**

> Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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



Zip Code

(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 Liability Company were filed on <u>February</u> , 4 7.015 and assigned Florida document number <u>£15000021615</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Signature Kists Acres (2006) 1000 1000 1000 1000 1000 1000 1000
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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:
Enter Florida street address
, Florida

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.

City

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
MGK	Kelis Richard	13511 Plantation lake lin	10 DE Add
		13511 Plantation lake Cin	Remove
			Change
ANBR	Ashley Leslie	13511 Plantation Lake O Gudson St 3469	and Add
		Audson A 34689	Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			O Add
			Remove
			Change
	<u> </u>		□ Add
			🗆 Remove
			☐ Change

	e date, if other than the date of filing:	<u></u>
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Filing Fee: \$25.00