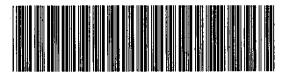
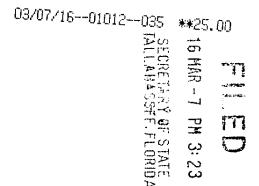
# L15000057320

(Requestor's Name)
(Address)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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MAR 0 8 2015 J. HARRIS

	vision of Corp		•	
SUBJECT:		KEL BROKER, LLC		•
OBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		MARY ANNE HOLLS BO	OWEN.	
			Name of Person	
		LOCAL YOKEL BROKE	R, LLC	
			Firm/Company	······
		1440 WESTCHESTER AV	/E	
			Address	<del> </del>
		WINTER PARK, FL 3278	9	
			City/State and Zip Code	
		MARYANNEHOLLS@GM	AAILCOM to be used for future annual report notification	<u>,                                      </u>
For further	information co	oncerning this matter, please ca		,
MARY AN	INE HOLLS E	BOWEN	865 414-5258	
	Name of	Person	Area Code Daytime Telep	hone Number
Enclosed is	a check for th	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: 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

LOCAL YOKEL BROKER, LLC	•			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company were filed on 04/01/2015  Florida document number L15000057320				
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	1440 Westchester Ave		
(Principal office address MUST BE A STRE	ET ADDRESS)	Winter Park, FL 32789	755 E	
Enter new mailing address, if applicable:			CRETARY OF	
(Mailing address MAY BE A POST OFFICE	<u>s BOX)</u>		PR CONTROL OF THE CON	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the n	
Name of New Registered Agent:	Mary Anne Hol	lls Bowen		
New Registered Office Address:	1440 Westches	ter Ave		
		Enter Florida street ad	ldress	
	Winter Park		Florido 32789	

### 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 Agen, 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>		Address	Type of Action
AMBR	Justin B Bowen		1321 Spokane Ave	□ Add
			Orlando, FL 32803	■ Remove
				Change
·	<u> </u>		·	
	•			☐ Remove
				□ Change
				□ Add
	•			□ Remove
				□ Change
	<u> </u>	<u>.</u> .		
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·				FI STATE STA
			•	☐ Change
<del></del>		_		Add
		•		☐ Remove
				□ Change

mending a	ny other inform	nation, enter cl	hange(s) here:	(Attach additio	nal sheets, if ne	ecessary.)	
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reffective date te: If the dat cument's effe record spe	is listed, the date re inserted in this ctive date on the ecifies a delay	block does not n Department of S	d cannot be prior to neet the applicab State's records. date, but not	date of filing or mo le statutory filing an effective ti	re than 90 days aff requirements, th	his date will no	t be listed
ed	arch. 1		, 2016	<u>.</u> .			
		Signature of a r	member or authori	zed representative of	of a member	SECI TALL,	
				DIS BOU name of signee		AHAS HEE, F	MAR-T PI
			Page 3	3 of 3		F STATE FLORIDA	PM 3: 23
			Filing Fee	. \$25.00		<b>حد</b>	