# 1160000 43709

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C. GOLDEN

MAR - 2 2020

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SUBJECT: DO	rothy Ke	elley, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Doroth	y Kelley Name of Person	
	Dorothy	Kelley, LLC	· · · · · · · · · · · · · · · · · · ·
	1009	East Pine S	+. (18 S. Thornton Ave)
	Orland  dottie_ E-mail address: (1)	OFL 32801 City/State and Zip Code Kelley@me to be used for future ahnual report notif	
For further information co	oncerning this matter, please ca	all:	
Dorothy	Kelley	at (HOT) 701	-8104 Telephone 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)

: ;

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2020 FEP 20 PH 2: 23

## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 22, 2020

+6ROTHY KELLEY 1009 EAST PINE STREET ORLANDO, FL 32801

SUBJECT: DOROTHY KELLEY, LLC

Ref. Number: L16000043709

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

√ The entity's date of incorporation/organization must be listed in the document.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00003975

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number	3
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  POB 533912  OVI, FL 32853-3917  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:	
A. If amending name, enter the new name of the limited liability company here:    Kelley Realty Group LLC    Che new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC.   Enter new principal offices address, if applicable:   Principal office address MUST BE A STREET ADDRESS    Orl FL 3286    Enter new mailing address, if applicable:   Mailing address MAY BE A POST OFFICE BOX    Orl FL 32853-3912   Orl FL 32	ed
Kelley Realty Group, LLC The new name must be distinguishable and contain the words "Limited Lidvility Company." the designation "LLC" or the abbreviation "LLC.  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]  POB 533912  OVI, FL 32853-391  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:	
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 regent and/or the new registered office address here:	
Mailing address MAY BE A POST OFFICE BOX)  POB 533912  OVI, FL 32853-3917  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here:	
agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	gistered
New Registered Office Address:	
Enter Florida street address	
City Florida 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>	Address	Type of Action
			□Adđ
			□ Remove
			□Change
			Remove
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<del></del>			□Add
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			□Remove
			□ Change

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ote: II t	date, if other than the date of filing:	)207 ( d as t
record sp l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to	the
ated	2/27/20	
	Signature of a member or authorized representative of a member	
	The state of the s	