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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration So Division of Cou					
SUBJEC	Ryan T. Be	ell, LLC		É		
3000		Name of Lin	·	2		
		Amendment and fee(s) are sub-			MAZ PARO	
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Ryan Bell				
SUBJECT The enclose Please return Ryan Belli Enclosed in			Name of Person			
		Ryan T. Bell, LL C				
			Firm/Company			
		3409 69th Ave				
		Address				
		Meridian MS, 39307				
		ryanTbellLLC@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
			to be used for future annual report not	fication)		
For furth	er information c	concerning this matter, please c	all:			
Ryan Bo	:11		850 525-7526 at ()			
	Name o	of Person		ne Telephone Number		
Enclosed	l is a check for t	he 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 enclose		

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 **ARTICLES OF ORGANIZATION OF**

TO ARTICLES OF OR OF	GANIZATION
Ryan T. Beil, LLC	* ``
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{1.16000050181}{1.16000050181}$	ere filed on March 10, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
Kinetic Realty Services, LLC	
The new name must be distinguishable and contain 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	te address on our records, enter the name of the new
TEXASTER BEEN BILLION THE NEW TEXASTER OF THE BURNETER OF THE	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office acceptancy has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is
If Changi	ng 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
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
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			□ Remove
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ffective date, if other that an effective date is listed, the date inserted in to ocument's effective date on	his block does not the Department of	meet the applica State's records.	ble statutory filing i	equirements, this c	ate will not be listed a
e record specifies a de The 90th day after the	e record is filed	1.		ie, at 12:01 a.	n. on the earlier
ated		2019			
	7 44	• •	-		
Ryan T. E	sell	manhar ar author	ized representative of		
V	Signature of a	amemoer or author	izeu representative ()	a member	

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Filing Fee: \$25.00