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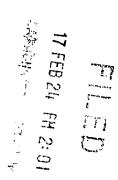
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COVER LETTER

		stration Secti ion of Corpo			
SUBJEC		KIMBERLY	TOWE LLC	£	〈
SOBJEC	-1	·	, Name of Limit	ed Liability Company	
The enclo	osed	Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please re	turn :	all correspond	ence concerning this matter t	o the following:	
			KIMBERLY TOWE		
				Name of Person	
			KIMBERLY TOWE LLC	2	
				Firm/Company	
			1495 RIVIERA DRIVE		
				Address	
			KISSIMMEE, FL 34744		
			, , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	
			KIMBERLYTOWE@HOTI		
			E-mail address: (t	o be used for future annual rep	port notification)
For furth	ner in	formation con	cerning this matter, please ca	ll:	,
KIMBE	RLY	TOWE		270 799-0 at ()	
		Name of I	Person	Area Code	Daytime Telephone Number
Enclosed	d is a	check for the	following amount:		
\$25.	.00 F	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$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

KDTLLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on MARCH 29, 2016	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
KIMBERLY TOWE LLC	•				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abl	previation "L.L.C."			
Enter new principal offices address, if applicable:	1495 RIVIERA DRIVE				
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34744				
Enter new mailing address, if applicable:	1495 RIVIERA DRIVE				
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34744				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	the name of the nev			
	, Florida	Zin Codo			

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> <u>Address</u> Type of Action _□ Add □ Remove ☐ Change □ Add □ Remove _□ Change _□ Add = ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change □ Add

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_□ Change

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fective date, if other than the d	FEBRUA!	RY 6, 2017	(optional)	
n effective date is listed, the date must l	be specific and cannot be prio	r to date of filing or more t	han 90 days after filing.) F	ursuant to 605.02
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record specifies a delayed The 90th day after the reco	effective date, but no	ot an effective time	e, at 12:01 a.m. or	n the earlier
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