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2018 ST -6 P 1: 26

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June 28, 2016

KRISTEN JOY JANSON 2120 SANDPIPER STREET NAPLES, FL 34102

SUBJECT: KRISTEN JANSON REALTOR LLC

Ref. Number: L16000107779

We have received your document for KRISTEN JANSON REALTOR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P15000047093 KRISTEN JOY JANSON, PA.

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) 245-6051.

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Letter Number: 516A00013650

COVER LETTER

Division of Corpo			
SUBJECT: Kr	15ten Joy Name of Limit	Janson LL ed Liability Company	<u>C</u>
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Kriste Premie	Name of Person Pirm/Company	son.
	2120 Sar	rapiper St.	······································
	Maples Kris E-mail address: (to	City/State and Zip Code City/State and Zip Code De used for fugre annual report notifications.	agnaul com
For further information con-	cerning this matter, please cal	11:	•
Name of P	Joy Jamso	at (Cole) 330 Area Code Daytime	Telephone Number
Enclosed is a check for the	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

(Name of the Limited Liability Co.	Mpany as it now appears on of ted Liability Company)	Otor LLC urrecords.)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for Organization for the Articles of Organization for Or	any were filed on Jul	192, 2016 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	LLC	tion "LI,C" or the abbreviation "LI,C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2		
Enter new mailing address, if applicable:		OF STATE	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		records, enter the name of the n	<u>ew</u>
Name of New Registered Agent:		· ·	
New Registered Office Address:	Enter Florida stra	evt address	
	Ciţy	, 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

<u> </u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		,	☐ Change
			Add
			□ Remove
			Add
		, 	Remove
			□ Change
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If amending a	iny other info	rmation, ente	er change(s) he	re: (Anach add	litional sheets, if	necessary.)		
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Note: If the dar document's effe	te inserted in the ctive date on the certification to the certification the certific	is block does no he Department of ayed effectiv	ot meet the appli of State's record re date, but n	cable statutory fi s.	r more than 90 days a ling requirements, e time, at 12:0	this date will r	not be listed	as t
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Filing Fee: \$25.00