## h16000123948

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## **COVER LETTER**

TO: Registration Secti Division of Corpo		41			
SUBJECT:	Name of Lim	ELLY HAMBERM ited Limbility Company	h		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
·	- -	TNIENES VERVEY			
		Name of Person			
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For further information con	erning this matter, please ca	all:			
		at (843_)653	3-4537		
Name of Po	erson	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fil	ing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificat Certified (additional)	e of Statu Copy	
<b>N</b> 19		e			
Mailing Address: Registration Sec	ction	Street Address: Registration Sec	tion		

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karley Prosecty Management 116.

(Name of the Limited Liability Co	mpany as it now appears on our records.) (ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16060123948</u>	any were filed on 10/28/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70. (2)
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	71 E
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records, <u>enter the name of the new regist</u> e
Now Davidson Address.	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code

New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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	Signature of a	member or autho	rized representativo	of a member		

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Filing Fee: \$25.00