

L1600210702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500292149425

12/09/16--01011--005 **25.00

FILED
16 DEC -9 PM 2:19
DIVISION OF CORPORATIONS

O SIMMONS
DEC 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kimberly Hoyle Photography LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Hoyle
Name of Person

Kimberly Hoyle Photography LLC
Firm/Company

2635 Revolution St. Unit 104
Address

Melbourne, FL 32935
City/State and Zip Code

Kim@kimberlyhoylephotography.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Hoyle at 321 652-1573
Name of Person 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**

Kimberly Hoyle Photography LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Nov. 17, 2016 and assigned Florida document number L16000210702.

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 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)

FILED
16 DEC -9 PM 2:19
DIVISION OF CORPORATIONS

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

MGR = Manager
AMBR = Authorized Member

FILED
10 DEC 9 PM 2:19
Remove
Change
Add
DIVISION

16 DEC-93
DIVISION OF SHELTER CARE

16 DEC -9 PM 2:19
DIVISION OF CHILD SUPPORT

7
7
7
7
7

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 5th, 2016.

15 me
Signature of a member or authorized representative of a member

Kimberly Hoyle
Typed or printed name of signee