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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kellie E. Brinker Properties 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:

Kellie Brinker

Name of Person

Firm/Company

8702 Summerville Pl

Address

Orlando, FL 32819

City/State and Zip Code

kellbrinker@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie Brinker

407
at ()

832-1073

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(b) The 90th day after the record is filed.

Typed or printed name of signee

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