117000144488

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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DIVISION OF CONTURATIONS

O SIMMONS

LESTER KALMANSON PROPERTIES LLC

dba Lester Kalmanson Properties

235 South Maitland Avenue, Suite 201 Maitland, FL 32751 P.O. Box 940008 Maitland, FL 32794-0008 phone: 407.645.5000 fax: 407.645.2810 mitchelk25@hotmail.com

August 10, 2017

Registration Section Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: Lester Kalmanson Properties LLC dba Lester Kalmanson Properties Delete Member: Lester Kalmanson Document #L17000144488

Enclosed are the forms and payment required to delete Lester Kalmanson on referenced LLC.

Should you have any questions, please feel free to contact me at (407) 645-5000 or mitchelk25@hotmail.com.

Mitchel Kalmanson Member

COVER LETTER

	gistration Se vision of Cor		•				
21105 1T227P.		anson Properties LLC dba Le	ster Kalmanson Properties				
Name of Limited Liability Company							
		Amendment and fee(s) are sub	_				
		Mitchel Kalmanson					
			Name of Person				
		Lester Kalmanson Agency	Inc				
			Firm/Company				
		235 S Maitland Avenue Su	nite 201				
			Address				
		Maitland FL 32751					
			City/State and Zip Code				
		mitchelk25@hotmail.com	to be used for future annual report notif	ication)			
For further i	information co	oncerning this matter, please c		ication			
Mitchel Kal	lmanson		407 645-5000 at ()				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Lester Kalmanson Properties LLC dba Lester Kalmanson Properties (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 July 5 2017 and assigned Florida document number $\frac{L17000144488}{}$ 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 "LLC." 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Address	Type of Action
MGR	Lester Kalmanson	235 S Maitland Avenue Suite 201	
		Maitland FL 32751	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Change Add
			Change
			☐ Remove
		•	Change
- 			
			☐ Remove
			Change
			Remove
			□ Change

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Effecti	ve date, if other than the date of filing: July 26 2017 (optional)
Note:	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	August 10 (2017)
	A a / 1/1/2
	1 7////

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00