L17000245114

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S. WARREN DEC 2 6 2017

COVER LETTER

TO: Regisfration Secti Division of Corpo		_	
SUBJECT: G	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Kimberl	Name of Person	right
	2959 Q	palachee	prky
_	Tallahas	See Fly City/State and Zip Code	32301
	CKB FLOO E-mail address: (b	o be used for future annual report notifi	nall.com
For further information cor	ncerning this matter, please ca	ill:	
Vimber Land of I	Wright	at (850) 879 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 Comp	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 47000245114	y were filed on $11-29-2$	O 1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Kumbert Write	LC	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)		DEC 26 AH II: 41
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the name of the new
Name of New Registered Agent: New Registered Office Address: 2950 Tallo	Serly Wright Grandactice Pr Enser Florida screet address ACSCE City City	- Km IO 32301 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 AMBR = Authorized Member Type of Action **Title** <u>Name</u> □ Remove ☐ Change □ Add □ Remove _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove □ Change _□ Add □ Remove

Page 2 of 3

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Effective date, if other than the date of filing: (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 fine Note: 11 the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ling.) Pursuant to 605.0207 (3
the record specifies a delayed effective date, but not an effective time, at 12:01 a.s.) The 90th day after the record is filed.	m. on the earlier of:
Dated Dec 26 . 2017.	
Kuby h	
Signature of a member or authorized representative of a member Kimber () Typed or printed name of signee	17 DEC 26
Page 3 of 3 Filing Fee: \$25.00	AM II: 4 E. FLORID E. FLORID