

L18000029936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

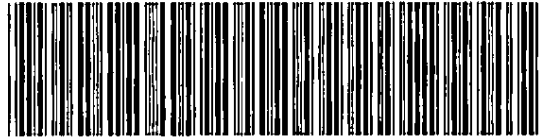
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/22/21
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06/30/21--01016--009 **25.00

21 JUN 30 PM 1:25

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KLeer Title, 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:

Lorie Rhodes
Name of Person

KLeer Title, LLC
Firm/Company

2595 Tampa Rd, Ste E
Address

Palm Harbor, FL 34684
City/State and Zip Code

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

For further information concerning this matter, please call:

Lorie Rhodes at (727) 674-0276
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

21 JUN 30 PM 1:25

KLeer Title, 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 2-2-2018 and assigned
Florida document number L18000029936.

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:

2595 Tampa Rd, Ste E

(Principal office address MUST BE A STREET ADDRESS)

Palm Harbor, FL 34684

Enter new mailing address, if applicable:

2595 Tampa Rd, Ste E

(Mailing address MAY BE A POST OFFICE BOX)

Palm Harbor, FL 34684

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:

Lorie Rhodes

New Registered Office Address:

2595 Tampa Rd, Ste E

Enter Florida street address

Palm Harbor

City

Florida 34684

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lorie Rhodes	2595 Tampa Rd, Ste E	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kert Rhodes	2595 Tampa Rd, Ste E	<input type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Lorie Moots	1361 Cedarwood Way	<input type="checkbox"/> Add
		Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Address
change
Star
=

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I got married so my name changed from Lorie Moots to Lorie Rhodes

two MGR Lorie Rhodes and Kert Rhodes

E. Effective date, if other than the date of filing: 5-23-21 **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6-29, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

[Florida Department of State](#)

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /**Detail by Entity Name**

Florida Limited Liability Company

KLEER TITLE, LLC.

Filing Information

Document Number L18000029936
FEI/EIN Number 82-4296411
Date Filed 02/02/2018
Effective Date 02/05/2018
State FL
Status ACTIVE
Last Event LC AMENDMENT AND NAME CHANGE
Event Date Filed 03/14/2018
Event Effective Date NONE

Principal Address

2595 TAMPA RD.
SUITE N
PALM HARBOR, FL 34684

Changed: 03/02/2018

Mailing Address

2595 TAMPA RD.
SUITE ~~N~~ E
PALM HARBOR, FL 34684

Changed: 03/02/2018

Registered Agent Name & Address

MOOTS, LORIE
1361 CEDARWOOD WAY
PALM HARBOR, FL 34683

Authorized Person(s) Detail**Name & Address**

Title MGR

MOOTS, LORIE
1361 CEDARWOOD WAY
PALM HARBOR, FL 34683

Title MGR

#: 2021177278 BK: 21556 PG: 367, 05/27/2021 at 09:55 AM, RECORDING 1
BURKE, CLERK OF COURT AND COMPTROLLER PINELLAS COUNTY, FL BY DEPUTY CLERK:
clk104404

KEN

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD


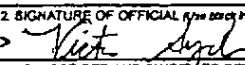
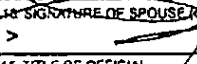



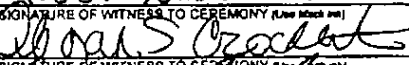

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

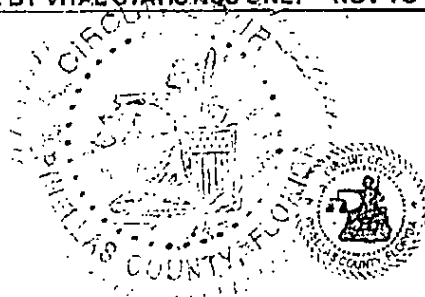
(STATE FILE NUMBER)

2021ML 5127183

(APPLICATION NUMBER)


APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) KERT DOUGLAS RHODES		1d. MAIDEN SURNAME (if applicable) NONE	
2. DATE OF BIRTH (Month, Day, Year) 02/09/1970		4. BIRTHPLACE (State or Foreign Country) TEXAS	
3a. RESIDENCE - CITY, TOWN OR LOCATION PALM HARBOR		3b. COUNTY PINELLAS	
3c. STATE FLORIDA		5a. NAME OF SPOUSE (First, Middle, Last) LORIE ANN MOOTS	
5b. MAIDEN SURNAME (if applicable) PETRIN		6. DATE OF BIRTH (Month, Day, Year) 02/20/1970	
7a. RESIDENCE - CITY, TOWN OR LOCATION PALM HARBOR		7b. COUNTY PINELLAS	
7c. STATE FLORIDA		8. Birthplace (State or Foreign Country) MAINE	
WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED IN THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE UNDER THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name using black ink) > 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/07/2021	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Sign black ink) > 	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) > 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/07/2021	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Sign black ink) > 	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE PINELLAS		18. DATE LICENSE ISSUED 05/07/2021	
19. DATE LICENSE EFFECTIVE 05/10/2021		20. EXPIRATION DATE 07/06/2021	
21a. SIGNATURE OF COURT CLERK OR JUDGE > 		21b. TITLE CLERK OF THE CIRCUIT COURT AND COMPTROLLER	
21c. BY D.C. VA			
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
22. DATE OF MARRIAGE (Month, Day, Year) 05-23-2021		23. CITY, TOWN OR LOCATION OF MARRIAGE Palm Harbor (Three Rocks Is.) Florida	
24. SIGNATURE OF PERSON PERFORMING CEREMONY (Sign black ink) > 		25. ADDRESS (For person performing ceremony) 11834 Yellow Finch Ln. Trinity	
26. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary license) David Crockett Ordained Minister/Univ. of Life		27. SIGNATURE OF WITNESS TO CEREMONY (Sign black ink) > 	
28. SIGNATURE OF WITNESS TO CEREMONY (Sign black ink) > 			

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED




STATE OF FLORIDA-PINELLAS COUNTY

I hereby certify that the foregoing is a true
copy as recorded in the official records of
Pinellas County

By  2021
KEN BURKE

Clerk of the Circuit Court & Comptroller

By  2021
Deputy Clerk