11800054273

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

Division of Corporations
SURJECT: Kissimmee Properties LCC Name of United Liability Company
Name of Lamited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
,
Leon Wy
Name of Person
Firm/Company
8 Longley Lane
// //Nodress
Old Westbury NY 11568 City/State and Cip Code
City/State and Fip Code Luu 8860 and / Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please can.
Leon at (917) 292-2880 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \&\Bigcup \\$55.00 Filing Fee \&\Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

Kissimm	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1300054273</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liab	thity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3030 N. Rucky Print Dr. Stells Tamore FL 33607
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 033607
Enter new mailing address, if applicable:	8 Landiu Linie
(Mailing address MAY BE A POST OFFICE BOX)	Old Wishing, NY 11562
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my didies, and Langfamilia Pwith and provided for in Chapter 605, F.S.Or, if this document is
II Char	nging Registered Agent, <u>Signature of New Registered Agent</u>

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>	Name	Address	Type of Action
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		<u>11568</u>	☐ Change
AMBR	Less why	8 Lingley Line Old Westbury, NY	
		Old Westbury, NY	□ Remove
		1150g	Change
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Filing Fee: \$25.00