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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

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SHD IEZT		STORMS LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		KELLY STORMS		
			Name of Person	
		KELLY C STORMS LLC		
			Firm/Company	
		235 MASON STREET		
			Address	
		BRANDON, FL 33511		
		KELLY.STORMS@VERI	City/State and Zip Code ZON.NET	
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all;	
KELLY ST	ORMS		813 293-4652	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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

KELLY C STORMS 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 03/30/2018 and assigned Florida document number ____L18000082025 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KELLY C STORMS	235 MASON STREET	■ Add
		BRANDON, FL 33511	□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Add
			Remove
			□ Change
			□ Add
			□ Remove
		-	Change
			Remove
			☐ Change

Kell	Signature of a member or authorized representation		
JULY 10	2018		
ne record specifies a dela The 90th day after the	yed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the ear	lier of
locument's effective date on the	e Department of State's records.	ing requirements, this date will not be the	ned dy
ffective date, if other than an effective date is listed, the date	the date of filing:	(optional) more than 90 days after filing.) Pursuant to 60 ingrequirements, this date will not be be	05.0207 sted as
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00