## L180000 84639

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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FILED

18 APR II PM 3: 41

SECNETARY OF STATE

K SALY APR 12 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 APR I PM 3: 41

SECRETARY OF STATE
FLORIDA

TOTAL PROPERTY

KatSold Realty, 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 L	iability Company	were filed on $\frac{4/03}{}$	2018 and assigned		
Florida document number L18000084639	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here	;		
Kathleen Baumback, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	Same as current			
(Principal office address MUST BE A STREET ADDRESS)		618 Limona Rd, Brandon, FL 33510			
			•		
Enter new mailing address, if applicable:		Same as current			
(Mailing address MAY BE A POST OFFICE	(BOX)				
	•				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter the name of the new</u>		
New Registered Office Address:	N/A	<u> </u>			
		Enter Florida	a street address		
	N/A		, Florida N/A Zin Code		
		City	Zip Coxde		
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is		
	If Cha	nging Registered Ager	t, 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 or removed from our records</u>:

	Manager Authorized Member	18 FILED
<u>Title</u>	<u>Name</u>	Address  SECRETARY OF STATE  Add  Add  Add  Add  Add  Add  Add
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Effective of the second of the	ve date, if oth ective date is liste If the date inser	er than the date d, the date must be s rted in this block o	e of filing: _ pecific and can loes not meet	not be prior to o	late of filing or mo	re than 90 days	ptional) after filing.) this date w	Pursuant to 605.	.0207 ( ed as ti
		late on the Depart				•			
he reco	ord specifies 90th day aff	s a delayed eff er the record	ective date is filed.	e, but not a	n effective ti	me, at 12:0	)1 a.m. o	n the earlie	er of:
Dated _	4/0	7/201	<u>8</u> , _						
	·		·Clalla	. (2)					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00