L18000119135

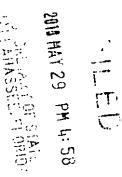
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corpor	rations		
SUBJECT:	Selling SWFL 1 Name of Limi	Nith Kaylee, Ll	LC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Kay	Name of Person	
	Sching :	SWFL WITH Kayle Firm/Company	ee, LLC
	1360 Siro	occo Street Address	
	Fort My	ers, FL , 33919 City/State and Zip Code	
	Kaylee. E-mail address: (1	Manssurr @ gma	all Com ort notification)
For further information conc	erning this matter, please ca	all:	
Kaylee N Name of Pe	<u>Manssuer</u>	at (230) Area Code	787 - 5129 Daytime Telephone Number
Enclosed is a check for the f	<i>)</i> -		
□ \$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

TO:

Registration Section

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

Selling SWFL W	Vith Kaylee	, LLC our records.)
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000119135</u>	were filed on <u>Mai</u>	11 th , 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Kaylee Manssuer, LLC The new name must be distinguishable and contain the words "Limited Liabi		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		>2 P
		29 1888
Enter new mailing address, if applicable:	N/A	Tel B
(Mailing address MAY BE A POST OFFICE BOX)		-05
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>enter the name of the ne</u>
New Registered Office Address:	Enter Florida s	treet address
	w Registered Office Address: Enter Florida street address	Florido
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am familiar with and ster 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			Remove
			□ Change
			Add
			Remove
		-	Change
			□ Remove
			☐ Change
			Remove
		 	
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			□ Remove
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ective date, if other effective date is listed, to te: If the date inserted ument's effective date	the date must be specific d in this block does n	c and cannot be prior not meet the applica		more than 90 days after		
record specifies a he 90th day after			t an effective	time, at 12:01 a	a.m. on the e	earlier o
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Page 3 of 3

Filing Fee: \$25.00