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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

N COOPER SEP 24 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	Kim George Name of Unit	Properties, LC.	<u></u>
The e	nclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Janet	Seorge Name of Person	
			Seorge Properties, C	LC
		620 4	th St Address	
			Ciay/State and Zip Code Zorce 57 @ Small.com to be used for future annual report notif	
		E-mail address: N	zorce 57 e smail. Com to be used for future annual report notif	ication)
For fu	irther information co	oncerning this matter, please ca		
	Janet (Seorce Person	at (<u>850</u>) <u>849 - 90</u> Area Code Daytime	127 Telephone Number
Enclo	sed is a check for th	ne following amount:		
s.	25.00 Filing Fee	□ \$30.00 Fiting 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

Kim Geo.			
(Name of the Limited Liab (A Flori	illy Company as it now appears on our da Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number		20 [18 and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	nn "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADI</u>	DRESS)	8 S	_ \ \ <u>\$</u>
			<u> </u>
		19	
Enter new mailing address, if applicable:		<u>></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	77.00	<u>~</u>	<u> </u>
			=-
			. A.
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	•	records, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	rt address	
	<u> </u>	, Florida	
	City	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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Kimball 6. George	620 4th St Chipley FL 32428	XAdd
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ctive date, if other t effective date is listed, th e: If the date inserted	e date must be specific in this block does n	and cannot be prior of meet the applications.			ng.) Pursuant to 605.0
ument's effective date	on the Department	of State's records.		,	
record specifies a	delaved effectiv	e date, but no	t an effective ti	me, at 12:01 a.m	ı. on the earlier
he 90th day after				,	
ed <u>Septe</u>	mbar 17				
•		&+M			
		/ yell	<u>~</u>		·

Page 3 of 3

Filing Fee: \$25.00