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## . COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kimbery Dawn Arts LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly Greenleaf Name of Person
Kimberly Dawn ANS, LIC Firm/Company
3004 MCGREGOR BLVD Address
FORT MYERS, FL 33901 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberry Greenleaf at (843) 271-0166 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, 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kimberty Daws	n AA	dany as it now appears (Liability Company)	on our records.)	<del>-6</del>
(A FI The Articles of Organization for this Limited Liabili Florida document number	ty Compan 158		1/23/2018	rapid assigned
A. If amending name, enter the new name of the	limited lia	bility company her	<u>e</u> :	를 위한 기계
The new name must be distinguishable and contain the words	"Limited Liab	oility Company," the de-	signation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	3004 r	Mc Gregor	BLUD
(Principal office address MUST BE A STREET AI	<u>DDRESS)</u>	FORT M	YERS, F	L 3390L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>0</u>	3004 1 Foet n	McGregor Nyers Pl	BLUD 33901
B. If amending the registered agent and/or registered agent and/or the new registered office:			our records, <u>enter</u>	r the name of the new
Name of New Registered Agent:				
New Registered Office Address:	3004	M. Girey	ov Bud la street address	
<u>.</u> F	oer 1	MYEKS	, Florida _	33901 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
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Filing Fee: \$25.00