

21900000 8180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

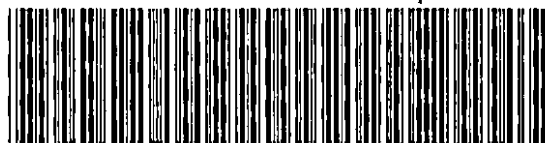
(Business Entity Name)

(Document Number)

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2019 JAN 24 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 31 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PIVOTAL PROPERTIES, "LLC"

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:

KATHLEEN MCDANIEL

Name of Person

PIVOTAL PROPERTIES "LLC"

Firm/Company

3257 Lamanga Drive

Address

MELBOURNE, FL 32940

City/State and Zip Code

grandekathie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHLEEN MCDANIEL

863 529-5628  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2016 JAN 24 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PIVOTAL PROPERTIES, "LLC"

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 JAN 24 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 7, 2019 and assigned  
Florida document number L19000008180

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

KAHTLEEN MCDANIEL

New Registered Office Address:

3257 Lamanga Drive

*Enter Florida street address*

Melbourne

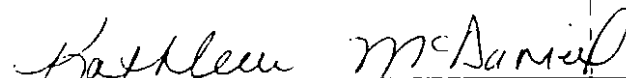
*City*

Florida 32940

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KATHLEEN MCDANIEL	3257 Lamanga Drive	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KATHIE MCDANIEL	3257 Lamanga Drive	<input type="checkbox"/> Add
		Melbourne, FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

THE NAME THAT APPEARED ON MY ORIGINAL ARTICLES OF INCORPORATION IS NOT MY  
FORMAL GOVERNMENT NAME THAT IS RECORDED ON MY DRIVERS LICENSE AND  
PROFESSIONAL LICENSE

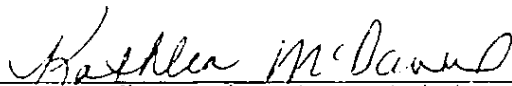
**E. Effective date, if other than the date of filing:** N/A **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 1-21-19



Signature of a member or authorized representative of a member

KATHLEEN MCDANIEL

Typed or printed name of signee