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COVER LETTER

TO: Registration Section Division of Corporations

KINGFISH 13, LLC SUBJECT:

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:

PETER BATTY

Name of Person

Firm/Company

912 GEORGIA ST.

Address

KEY WEST FL 33040

City/State and Zip Code

pbattyfarm@gmail.com

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

305

_ at (_____) ___ Area Code

797-0656

For further information concerning this matter, please call:

PETER BATTY

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMEN	Т
ТО	•
ARTICLES OF ORGANIZATI	ON
OF	
	2022 OFT 11 Fit T: 17
KINGFISH 13, LLC	2022 OFT 11 PH
(<u>Name of the Limited Liability Company as it now appears o</u> (A Florida Limited Liability Company)	nour records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23}{2}$	/2019
Florida document number L19000024039	
This succession is such as in the succession of the All December 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	:
The new name must be distinguishable and contain the words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	and an entry the many of the many second
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	orus, enter the name of the new registered

	City	Zip Code
	KEY WEST	, Florida 33040
New Registered Office Address:	912 GEORGIA ST. Emer i	Florida street address
Name of New Registered Agent:	PETER BATTY	

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 Hegistered Agent, Signature of New Registered Agent



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

·····	

E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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 _	CCTOBER	5 1022	
		Signature of a member or authorized representative of a member	
	PETER BATTY	A second s	
		Typed or printed name of signee	