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COVER LETTER

Điv	ision of Cor	porations	•	
SUBJECT:		Estate, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Picase returr	i all correspo	ndence concerning this matter	to the following:	
		Jennifer Anderson		
			Name of Person	
		MyLLC.com		
			Firm/Company	
		1910 Thomes Ave		
			Address	<u> </u>
		Cheyenne WY 82001		
		service@myllc.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	fication)
For further is	nformation c	oncerning this matter, please ca	all:	
Jennifer And	derson		888 886-9552	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	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:

TO:

Registration Section

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**

KMS Real Estate, LLC

2019/13 / PH/2-52 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on 02/01/2019	and assigned
Florida document number <u>L19000033376</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Kimberly Steinberg, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500 Ponce de Leon Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Belleair, Florida 33756	
Enter new mailing address, if applicable:	500 Ponce de Leon Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Belleair, Florida 33756	
	 	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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			Change

· II amenung any (other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective date is line Note: If the date in	other than the date of filing:
	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated February 2	21, 2019
<u> </u>	Signature of a member or authorized representative of a member
	Kimberly Steinberg

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00