# 1190000 50958

(Re	questor's Name)	
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2019 POT 18 PH 4: 18

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### **COVER LETTER**

#### ): Registration Section Division of Corporations

BJECT:	NicKatie Pr	operties LLC		
bone i.		Name of Limi	ited Liability Company	
ie enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ease return	all correspo	ndence concerning this matter	to the following:	
		Nicholas Lorimer		
			Name of Person	
		<del></del>	Firm/Company	
		5693 New Independence P	arkway	
			Address	
		Winter Garden FL 34787		
		Nick.j.lorimer@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Nicholas Lo	rimer		619 787-8317 at ( )	
	Name o	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	iling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

ARTIC	CLES OF ORGANIZATION	
	OF	
NicKatie Properties LLC	2.	3/9 m 18 PH 4: 18
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
Articles of Organization for this Limited Lia	bility Company were filed on 02/21/2019	and assigned
ida document number L19000050958		
amendment is submitted to amend the follow	wing:	
If amending name, <u>enter the new name of</u>	the limited liability company here:	
new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
er new principal offices address, if applica	ble:	
incipal office address MUST BE A STREET	ADDRESS)	
If amending the registered agent and/o istered agent and/or the new registered offi	r registered office address on our records, gice address here:	enter the name of the n
New Registered Office Address:		
	Enter Florida street address	
	, Florid	daZin Code
Registered Agent's Signature, if changing Re	,	ray Come
visions of all statutes relative to the proper ept the obligations of my position as regist	agent and agree to act in this capacity. I further and complete performance of my duties, and dered agent as provided for in Chapter 605. F.S. egistered office address, I hereby confirm that the hange.	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	lew Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
.GR	Katie B Lorimer	5693 New Independence Parkway	
		Winter Garden FL 34787	Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
		<del></del>	□ Add
			□ Remove
			Change
			Remove
			Change

etive date, if other than the date of filing:		
ffective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.  Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.		
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The state of the s	cord specifies a delay 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the earlier orecord is filed.
Town II	11/07	2019
Signature of a member or authorized representative of a member		
Signature of a member of authorized representative of a member		MANIA
		Signature of a member of authorized representative of a member
		Typed or printed name of signee

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Filing Fee: \$25.00