## 619000146020

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





000335941100

10/28/19--01016--030 \*\*25.00

Amend

NOV 1 9 2019 I ALBRITTON

## **COVER LETTER**

	Registration Se Division of Cor			
01/18 112 <i>6</i> 9		ROPERTIES, LLC		
SUBJEC	I:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		JERREL MCCOY		
			Name of Person	
		KIMBER PROPERTIES. 1	LI.C	
			Firm/Company	
		1912 GREAT FALLS WA	Y	
		Address		
		ORLANDO, FL 32824		
		jerrel1.mccoy@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca	all:	
JERREL	MCCOY		407 234 - 0923 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 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 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

KIMBER F	PROPERTIES, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co.		5/31/2019	and assigned
lorida document numberL19000145020	<del></del> .		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			`
Principal office address MUST BE A STREET ADDR	ESS)		
			뉳
	,		<del>ري</del>
Catana and Standard Stands of a section by			70
Enter new mailing address, if applicable:	<del></del>	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office addi		our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la 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
MGR	JERREL MCCOY	1912 GREAT FALLS WAY ORLANDO, FL 32824	
			☐ Remove
	<del>-</del>		□ Remove
			Change
			D Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			☐ Remove
			□ Change
			□ Add
			Remove
			Change

	Please amend the TITLE of Jerrel McCoy from "AP" to "MGR" or "MANAGER."
Effec	tive date, if other than the date of filing:
(If an e Note	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 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as timent'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 of: e 90th day after the record is filed.
Date	OCTOBER 25 2019
Date	- Makes
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00