## 119000252421

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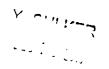
Office Use Only



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SECRETARY OF STATE
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KATIE TUCKER REAL ESTATE LLC  |   |                           |
|---|---|---------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida  | y Company as it now appears on our records.)<br>Limited Liability Company)  |                           |
| The Articles of Organization for this Limited Liability Co<br>Florida document number 1.19000252421   | ompany were filed on 10/07/2019<br>   | and assigned              |
| This amendment is submitted to amend the following:   |   |                           |
| A. If amending name, enter the new name of the limit  | ted liability company here:   |                           |
| STELLA KATHRYN "KATIE" TUCKER LLC   |   |                           |
| The new name must be distinguishable and contain the words "Limit   | ted Liability Company," the designation "LLC" or  | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                           |
| (Principal office address MUST BE A STREET ADDR)  | ESS)  |                           |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address | imited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  imited Liability Company were filed on 10/07/2019 and assign 21  d the following:  name of the limited liability company here:  R LLC  ntain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC if applicable:  L STREET ADDRESS)  able:  OFFICE BOX)  ent and/or registered office address on our records, enter the name of the image of the stered office address here: | enter the name of the na  |
| Name of New Registered Agent:   |   | <u> </u>                  |
| New Registered Office Address:  | Enter Elevida street address  |                           |
|   | Emer Farrag Sirver acuress  |                           |
|   |   | ia                        |
|   | V 111   | $r_{ij}$ $r$ $r$ $r$      |

## 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 = N $AMBR = A$ | lanager<br>authorized Member |         |                |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u>       | Name                         | Address | Type of Action |
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| f an effect<br><u>Note:</u> H | date, if other than the date of filing:   | 605.0<br>listed |
|                               |   |                 |
|                               | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea<br>Oth day after the record is filed. | ırlier          |
| Dated                         | 11/7/19 209   |                 |
|                               | WM I M "I A I A   |                 |

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Typed or printed name of signee

Filing Fee: \$25.00