L200000

19201

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer;	

Office Use Only

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COVER LETTER

	Registration Se Division of Cor			
ci:bicc	KELCIE'S I	LLC		
SUBJEC	1:	Name of Lim	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:	
		Viviane Munden (REGIST	TERED AGENT)	
			Name of Person	
		Kelcies LLC		
			Firm/Company	· - -
		1278 Westport Circle		
			Address	
		Wellington, FL 33414		
			City/State and Zip Code	
		kevin.nairne@keleies.com E-mail address: ()	to be used for future annual report no	otification)
For furthe	er information co	oncerning this matter, please ca	•	,
Kevin Na	nime		561 313 2276	
	Name of Person		Area Code Dayti	me Telephone Number
MAR	M ECIZA	APETH KONT	262 269	6189,
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration S	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 HTT 29 FM 9: 16

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2020

VIVIANE MUNDEN 1278 WESTPORT CIRCLE WELLINGTON, FL 33414

SUBJECT: KELCIE'S LLC Ref. Number: L20000079201

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 720A00009511

www.sunbiz.org

Visiting of Commentations D.O. DOV COOK III 11 1 DOM: 11 DOOS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020: 29 Aii 10: 01

KELCIE'S LLC		·
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MARCH 11, 2020	and assigned
lorida document number L20000079201		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:	15078 CORBY COURT	
Principal office address MUST BE A STREET ADDRESS)	WELLINGTON	
	FLORIDA, 33414	
Inter new mailing address, if applicable:	15078 CORBY COURT	
Mailing address MAY BE A POST OFFICE BOX)	WELLINGTON	
	FLORIDA, 33414	
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new regist
	Enter Florida street address	

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 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

Title.	<u>Name</u>	<u>Address</u>	Type of Action
76	KEVIN NAIRNE	15078 CORBY COURT	□Add
			•Remove
MgR			□Change
MgR	MARY ELIZABETH KENT	15078 CORBY COURT WELLINGTON, FL 33414	■Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Add
			□Remove
			Change
			🗆 Add
			🗆 Remove
		***************************************	□Change

THE COMPANY WILL BE	ϵ in the sole name of mary elizabeth kent who is the $m{\#}$	M M
THERE WAS A MISTAKE	ON THE REGISTERED ADDRESS THE HOUSE NUMBER WAS INCO	RRECT.
THIS HAS BEEN AMENDE	ED TO 15078 CORBY COURT, WELLINGTON, FL, 33414.	
		•
		
ctive date, if other than the	e date of filing: (optional)	
effective date is listed, the date mu-	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pullock does not meet the applicable statutory filing requirements, this date will	rsuant to 605.
	Department of State's records.	
ord specifies a delayed effective filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	Ith day after
d		
	·	

Typed or printed name of signee