L20000110647

(K)	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Br	usiness Entity Name	=)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Kelsey Frie	drich LLC	đ	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kelsey Marie Nelson		
		Name of Person	
		Firm/Company	
	1073 Hazelwood Drive	Address	
	Melbourne, FL 32935		
		City/State and Zip Code	
	kelseyfriedrich@gmail.com E-mail address: ()	i to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		,
Kelsey Nelson		222 007 0170	
Name o	f Person	at (321) 987-0470 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 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 Addres	S:	Street Address:	
Registration S	Section	Registration Sec	
Division of C	orporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kelsey Friedrich LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>(.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>10/04/2019</u>	and assigned
Florida document number <u>L20000110647</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Kelsey Marie Nelson LLC The new name must be distinguishable and contain the words "Limited Liai	bility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	Υ
		orida
	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
		200000	☐Add
			¬Remove
			□Cluange
			□Add
			Петоче
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			\textsquare Add
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Note:	ve date, if other than the date of filing:
ne record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	2/23/8091
	MUSELY Marte Velson Signature of a member or authorized representative of a member
	Kelsey Marie Nelson Typed or printed name of signee

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