

L20000162394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

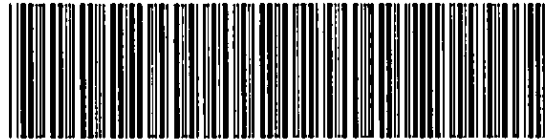
(Business Entity Name)

(Document Number)

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BELLARMIN COUNTY

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHON KIMBALL L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHON KIMBALL

Name of Person

SHON KIMBALL LLC

Firm/Company

1519 LOMBARD ST NW

Address

PALM BAY FL 32907

City/State and Zip Code

SCHOBBIESHANDYMAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

[illegible]

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHON KIMBALL L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/12/2020 and assigned
Florida document number L20000162394.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SHON KIMBALL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1519 LOMBARD ST NW

(Principal office address MUST BE A STREET ADDRESS)

PALM BAY FL 32907

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BOOKS N BILLING INC

New Registered Office Address:

1301 W EAU GALLIE BLVD STE 104

Enter Florida street address

MELBOURNE

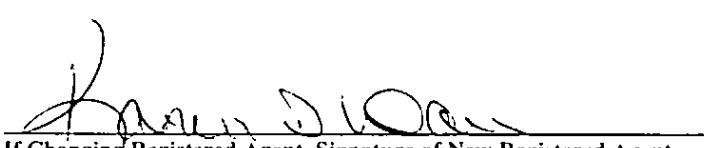
Florida 32935

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHON KIMBALL	1519 LOMBARD ST NW	<input checked="" type="checkbox"/> Add
		PALM BAY FL 32907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTINA KIMBALL	1519 LOMBARD ST NW	<input checked="" type="checkbox"/> Add
		PALM BAY FL 32907	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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