

121 0000 25761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

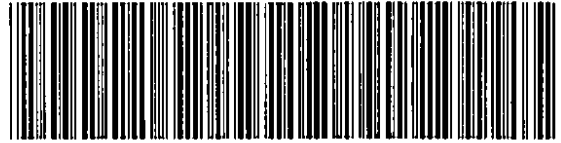
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400371772314

2000 11 17 000

9/12/07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAT SHIMER LLC

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:

KATRINA SHIMER

Name of Person

Firm/Company

3450 POINCIANA STREET

Address

NAPLES, FL 34105

City/State and Zip Code

katshimer@yahoo.com

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

For further information concerning this matter, please call:

KATRINA SHIMER

239 398-4343
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

KAT SHIMER LLC

(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 01/11/2021 and assigned
Florida document number L21000025761.

This amendment is submitted to amend the following:

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

KATRINA SHIMER 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:

(Principal office address MUST BE A STREET ADDRESS)

3450 POINCIANA STREET

NAPLES, FL 34105

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

3450 POINCIANA STREET

Enter Florida street address

NAPLES

City

Florida 34105

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

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|---------------------------------------|-----------------------|
| <hr/> | <hr/> | <hr/> <input type="checkbox"/> Add | |
| | | <hr/> <input type="checkbox"/> Remove | |
| | | <hr/> <input type="checkbox"/> Change | |
| <hr/> | <hr/> | <hr/> <input type="checkbox"/> Add | |
| | | <hr/> <input type="checkbox"/> Remove | |
| | | <hr/> <input type="checkbox"/> Change | |
| <hr/> | <hr/> | <hr/> <input type="checkbox"/> Add | |
| | | <hr/> <input type="checkbox"/> Remove | |
| | | <hr/> <input type="checkbox"/> Change | |
| <hr/> | <hr/> | <hr/> <input type="checkbox"/> Add | |
| | | <hr/> <input type="checkbox"/> Remove | |
| | | <hr/> <input type="checkbox"/> Change | |
| <hr/> | <hr/> | <hr/> <input type="checkbox"/> Add | |
| | | <hr/> <input type="checkbox"/> Remove | |
| | | <hr/> <input type="checkbox"/> Change | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 (3)(b)

If the record 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 record is filed.

 Sig

KATRINA SHIMER

Filing Fee: \$25.00