

L2100003760

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COTTRELL TAX & ACCOUNTING, LLC
Account Number : I20230000179
Phone : (239)449-4881
Fax Number : (239)591-2359

•Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

KELLY HAMMONS REALTY GROUP, LLC

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2024 FEB 14 AM 11:35

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TALLAHASSEE, FL

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2024 FEB 14 PM 1:57

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H24000062061 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kelly Hammons Realty Group, 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:

BJ Cottrell

Name of Person

Cottrell Tax & Accounting, LLC

Firm/Company

5633 Naples Blvd

Address

Naples, FL 34109

City/State and Zip Code

admin@cottrelltax.com

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

For further information concerning this matter, please call:

BJ Cottrell

at (239)

449-4881

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H24000062061 3

H24000062061 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kelly Hammons Realty Group, 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 03/03/2021 and assigned
Florida document number L21000103760.

This amendment is submitted to amend the following:

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

Kelly M Smith, 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:

9496 Casoria CT, Unit 101

(Principal office address **MUST BE A STREET ADDRESS**)

Naples, FL 34113

Enter new mailing address, if applicable:

9496 Casoria CT, Unit 101

(Mailing address **MAY BE A POST OFFICE BOX**)

Naples, FL 34113

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:

Enter Florida street address

Florida

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.

H24000062061 3

If Changing Registered Agent, Signature of New Registered Agent

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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>
AMBR	Kelly Hammons		<input type="checkbox"/> Add
		515 Beachwalk Circle	
		Naples, FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kelly Smith	9496 Casoria Ct Unit 101	
		Naples, FL 34113	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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H 24000062061 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated February 14, 2024

Kelly Smith
Signature of a member or authorized representative of a member

Kelly Smith

Typed or printed name of signer

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