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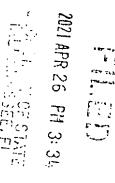
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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT:	Kim For	1547HW Realtor lited Liability Company	LCC
3000001	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
		Him L. Forsyt	<u>no</u>
	Kim	Forsythe Dealto	1, LLC
		16710 SE 2 Address	32179 PH 3:31
	(Ocklewaha. Pl. City/State and Zip Code for soluther 58 0 y	32179 PH 33
For further information c	E-mail address: (toncerning this matter, please ca	to be used for future annual report noti	fication) [51]
Kim' C	FOISYTHE	at (<u>352)</u> 2 <u>99</u> Area Code Daytim	- 5396 e Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Se	ction
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kim Forsythe Re	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>しょいのの (3つ)</u>	were filed on March 20, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Kim Forsythe Real E The new name must be distinguishable and contain the words "Limited Liabil	Estate Agent, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16716 SE 27 th pl. rd. Ocklawaha, Fl. 32179
(Principal office address MUST BE A STREET ADDRESS)	Ocklawaha, Fl. 32179
Enter new mailing address, if applicable:	2021 AFR
(Mailing address MAY BE A POST OFFICE BOX)	70 mm
	11.27 The state of
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	- C. (5 × 3)
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido

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.

City

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
			□Remove
			Change
			□Add
		·	□Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605,020 ing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
cord 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
s filed.	
ed 4-21, 2021 . 2021.	
/	
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