

L21000 141329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

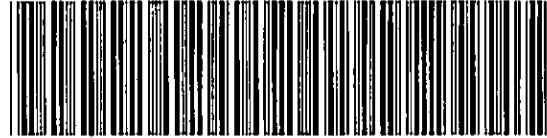
(Business Entity Name)

(Document Number)

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S.C.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Kimberly Kourt, 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:

Jarrold M. Scharber

Name of Person

Scharber Law Group

Firm/Company

14010 21st Street

Address

Dade City FL 33525

City/State and Zip Code

pleadings@scharberlaw.com

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

For further information concerning this matter, please call:

Jarrold Scharber

352 534-8080

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

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UNFILED

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

Kimberly Kourt

(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 March 25, 2021 and assigned Florida document number L21000141329.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO Box 775

(Mailing address MAY BE A POST OFFICE BOX)

San Antonio, FL 33576

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:

Melissa Logan

New Registered Office Address:

14107 Happy Hill Rd.

Enter Florida street address

Dade City

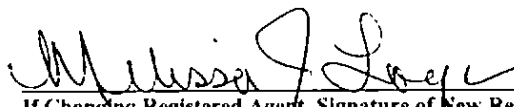
City

Florida 33525

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	Robert Loagn, Trustee	31120 Dana Drive	<input type="checkbox"/> Add
		San Antonio, FL 33576	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melissa Logan, Trustee	PO Box 555	<input type="checkbox"/> Add
		San Anotnio, FL 33576	<input type="checkbox"/> Remove
		(please remove "Trustee" designation)	<input checked="" type="checkbox"/> Change
AMBR	For Our Children Trust u/td 8/13/2	PO Box 775, San Anotnio, FL 33576	<input type="checkbox"/> Add
		Please change the designation on this Member from	<input type="checkbox"/> Remove
		"AMBR" to "MGR"	<input checked="" type="checkbox"/> Change
MBR	Zachary Logan	Please update Member's name to "Zachary Junker"	<input type="checkbox"/> Add
		instead of "Zachary Logan". Adress remains same.	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 14 P 2:32

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

Multiple horizontal lines for amending information.

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 April 9th, 2021.

Handwritten signature of Melissa Logan

Signature of a member or authorized representative of a member

Typed name: Melissa Logan

Typed or printed name of signee

2021 APR 14 P 2:32

Handwritten stamp: 11 PM

Filing Fee: \$25.00