LZI 000518303

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(City/State/Zip/Phone #)
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SEVELY SECTION OF THE PROPERTY OF THE PROPERTY

COVER LETTER

	•	stration Sec sion of Cor			
SUBJEC		-	Real Estate Services, LLC		•
SUBJEC			Name of Lim	ited Liability Company	_
The enclo	osed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn	all correspo	ndence concerning this matter	to the following:	
			Gail B Kelly		
				Name of Person	_
			G.B. Kelly Real Estate Ser	vices, LLC	
				Firm/Company	
			P.O. Box 1464		
				Address	. 2
			Brandon, FL 33509		2021 DEC 16 0 FORESTAND
				City/State and Zip Code	
			gbkbussvc@yahoo.com		
				to be used for future annual report notification)	- 0.00 AN 10: 1
For further	er in	formation co	oncerning this matter, please of	all:	
Gail B K	clly			813 843-3513 at ()	
		Name of	Person	Area Code Daytime Telephone Nun	iber
Enclosed	l is a	check for th	e following amount:		
\$25.0	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Reg Div P.O	ing Addressistration Sision of Co. Box 632	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G. B. Kelly Real Estate Services, 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 12/8/21 Florida document number _____L21000518303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: Enter Florida street address

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 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>	Address	Type of Action
MGR	Gail B Kelly	P.O. Box 1464	≅Add
		Brandon, FL 33509	□Remove
			□Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
		<u></u>	Change
			□Add
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			☐ Change
			Псточе
			□ Change

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te: If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
s filed	
ted _	Signature of a member of a member GAIL B. Kelly Typed or printed name of signee
	Signature of a member of a member of a member
	p.D. minister A. a. sections A. animar man sale anatomic, a graduate
	$\Lambda \sim \mathcal{A}$

Filing Fee: \$25.00