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(1	Requestor's Name)	
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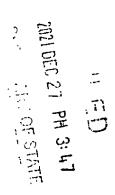
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COVER LETTER

TO:	Registration Sec Division of Corp			
(21.15.512.4	Tom Kiessli			
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please n	eturn all correspo	ndence concerning this matter	to the following:	
		Tom		
			Name of Person	
		Tom Kiessling LCC		
		Firm/Company		
		4135 Residence Drive, Unit 608		
			Address	
		Fort Myers, FL , 33901		_
		tom@kiesslingrealestate.co	City/State and Zip Code	
			to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please c	all:	
Tom K	iessling		941 9201718 at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for t	he following amount:		
≡ \$23	5.00 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 Addre		<u>Street Address:</u> Registration Se	ection
	10.1		Division of Co.	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tom Kiessling LCC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number $\frac{1.21000519151}{1.000519151}$	iability Company	were filed on 12/08/2021	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
Tom Kiessling LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity 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)		4135 Residence Drive, Unit 608	
		Fort Myers, FL 33901	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	4135 Residence Drive, Unit 608 Fort Myers, FL 33901	
B. If amending the registered agent and/or ragent and/or the new registered office address	<u>ss here</u> :	address on our records, enter the na	ame of the Rew registered
Name of New Registered Agent:	Tom Kiessling		0 7
New Registered Office Address:	4135 Residence	Drive, Unit 608	<u> </u>
	12	Enter Florida street address	"
	Fort Myers	. Florida	
		Ciù	rip 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>	Address	Type of Action
MGR	Tom Kiessling	4135 Residence Drive, Unit 608	≣Add
		Fort Myers, FL 33901	Remove
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			□Add
			□Remove
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