9/8/22, 7:36 AM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)389-0502 Fax Number

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

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COVER LETTER

LegalZoom.com, Inc.

TO:	Registration Se Division of Cor					
		ORIDA LLC				
SUBJEC	SUBJECT:Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
Name of Person						
Legalzoom.com, Inc.						
Firm/Company						
101 N Brand Blvd 11th Fl						
Address						
Glendale, CA 91203						
			City/State and Zip Code			
		ksubproperties@gmail.com	to be used for future annual report not			
For furth	ner information c	e-man address: (nication		
	ne Moseley	g ,	800 773-0888			
Name of Person		at () Area Code Daytin	ne Telephone Number			
Enclosed	d is a check for th	ne following amount:				
□ \$ 25	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 32514		STREET/COURIER ADDRESS: Registration Section				
		Division of Corporations				
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida strect address

From: Danielle Gervasi

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>	Name	Address	Type of Action
AMBR	SUBASAVAGE, KRIS		
		163 STANDISH DR ORMOND BEACH, FL 32176	■ Remove
			☐ Change
AMBR	IRAR Trust Company FBO Kris Subasavage	163 Standish Dr Ormond Beach, Florida 32176	■ Add
			□ Remove
			☐ Change
MGR	Kris Subasavage	163 Standish Dr Ormond Beach, Florida 32176	■ Add
			☐ Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			C'hange

To:

Kris Subasavage

Typed or printed name of signee

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Filing Fee: \$25.00