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(R	(equestor's Name)	
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(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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2022 ROY - WAY OF STATE
SECRETARY OF STATE
TALL AREASEFF. FL

COVER LETTER

	egistration Se ivision of Cor		•			
CHRIECT	Kristen L F	isher LLC	·			
SUBJECT	:	Name of Lim	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Richard A Fisher				
			Name of Person			
		Kristen L Fisher LLC				
			Firm/Company			
		145 Spring Glen Dr.				
			Address		202 SE	
		DeBary, FL 32713			2022 HOV -4 SECRETARY	. ــسد، ذ
			City/State and Zip Code			, ,
		kristenfisher.realtor@gmail				
For further	information c	oncerning this matter, please c	to be used for future annual report notificall:	:ation)	AH 9:30	ند. دون
Kristen L F			407 435-6376 at ()		111 01	
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kristen L Fisher LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>r'</u>)
he Articles of Organization for this Limited Liability Company	were filed on 10/05/2022	and assigned
lorida document number L22000430259		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		202 3£
Principal office address MUST BE A STREET ADDRESS)		ALL PROPERTY.
	•	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		1 m
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	City	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>	Address	Type of Action
MGR	Kristen L Fisher	145 Spring Glen Dr. DeBary, FL 32713	≅Add
			Remove
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		 	□Remove
			□Change
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic	cable statutory filing requirements, this date will	not be listed as
ocument's effective date on the Department of State's records.	i,	
record specifies a delayed effective date, but not an effective tid is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
October 5		
Dated October 5	<u>_</u> .	
	7	

Filing Fee: \$25.00

Typed or printed name of signee