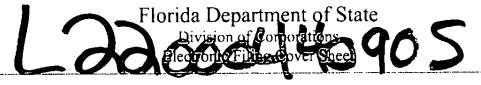
From: Sylvia Paull

11/8/22, 11:11 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003818663)))



H220003818663ABC3

To:			₹ <del></del>
,	Division of Corporations		2022 WOV -8
	Fax Number : (850)617-6383		
From:			/ / L
	Account Name : LEGALZOOM.COM INC	•	! 1:59 !STATE !FL
	Account Number : I20010000062		<b>59</b>
	Phone : (323)962-8600 Fax Number : (323)389-0502		_
	, , , , , , , , , , , , , , , , , , , ,		
an	the email address for this business nual report mailings. Enter only one ail Address:	email address ple	for future ase. ••
an Em	nual report mailings. Enter only one	email address ple	ase. ••
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an Em	nual report mailings. Enter only one ail Address: LC AMND/RESTATE/CORRECT	email address ple	sign
an Em	nual report mailings. Enter only one ail Address:  LC AMND/RESTATE/CORRECT  KELLY MARESSA GA	email address ple  Γ OR M/MG RES	sign
an Em	nual report mailings. Enter only one ail Address:  LC AMND/RESTATE/CORRECT  KELLY MARESSA GA  Certificate of Status	F OR M/MG RES	ase. ••

Electronic Filing Menu

Corporate Filing Menu

Help

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## **COVER LETTER**

то:	Registration Sec Division of Corp	tion orations	•	
		RESSA GARY, PLLC		
SUBJEC	CT:	Name of Limite	ed Liability Company	<del></del>
The enc	losed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter to	o the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
		kgaryrealty@gmail.com	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	dl:	
Cheye	nne Moseley		800 773-0888	
	Name o	l'Person	at () Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	he following amount:		
	5.00 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 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

LegalZoom.com, Inc.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELLY MARESSA GARY, PLUC

(Name of the Limited Li	ability Company as it now appears on our records. orida Limited Liability Company)	)
(A FI	orida Limited Liability Company)	202
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/12/2022	and assaged 7
Florida document number 1.22000440905	·	-8
This amendment is submitted to amend the following	g:	SEC.
A. If amending name, enter the new name of the	limited liability company here:	
Kelly Maressa Gary LLC		59
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 AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, address here:	enter the name of the new
Name of New Registered Agent:		
None Decision and OPC and Address of		
New Registered Office Address:	Emer Florida street address	
	Flor	rida
_	Cuy	Zıp Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and ad agent as provided for in Chapter 605, I stered office address, I hereby confirm tha	11 am familiar with and IS. Or, if this document is
	If Changing Registered Agent, Signature of	f New Registered Agent

Page 5 of 6

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	
			Add	
			☐ Remove	
			☐ Change	
			☐ Remove	
			□ Add	
			Remove	
			Remove	
			☐ Remove	
			☐ Change	
			□ Add	
			☐ Remove	
			Fl Change	

To:\_\_\_\_

Typed or printed name of signec

Page 3 of 3

Kelly Maressa Gary

Filing Fee: \$25.00