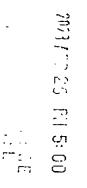
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Special Instructions to Filing Officer:				
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Kristi Nichole montgomery lle SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: kristi montgomery Name of Person Firm/Company 8057 swiss blvd Address punta gorda fl 33982 City/State and Zip Code kristimontgomeryswflrealtor@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 239 240-9312 kristi montgomery Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

kristi nichole montgomery Ilc

company has been notified in writing of this change.

	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{3}{2}$	-3-23 and assigned	
Florida document number <u>L23000112432</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	.2	
Enter new mailing address, if applicable:	ن -	
maning duaress MAT BLATOST OTTTEL BOA	<u>"</u> "	
	- O	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent:	records, <u>enter the name of the new regi</u>	
The contract region of		
New Registered Office Address:	Smiths attack addresses	
	Enter Florida street address	
	Florida Zip Code	
City	Zip Code	

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

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
ambr	kristi montgomery	8057 swiss blvd punta gorda fl 33982	
			□Remove
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Filing Fee: \$25.00

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Typed or printed name of signee