3/4/24, 10.58 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.

(((H24000085077 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX SAVERS Account Number : I20150000107 Phone : (941)525-1925 : (941)625-1526 Fax Number

**Enter the email address for this business entity to be used for future:

Email Address: _kbtracyrealtor@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEVIN TRACY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Eleatronic Filing Menu Corporate Filing Menu

Help

MAR - 5 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEVIN TRA (Name of the Limited Liability Compan (A Florida Limited Li		s on our records.)			
The Articles of Organization for this Limited Liability Company on Florida document number L23000289056 This amendment is submitted to amend the following:		06/15/2023	and a	.ssigned	
A. If amending name, enter the new name of the limited liabil	ity company he	<u>:re</u> :			
KEVIN BRISTOL TRA					
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the d	esignation "LLC" or the al	obreviation "	LLC."	
Enter new principal offices address, if applicable:			<u>.</u> .		
(Principal office address MUST BE A STREET ADDRESS)		·	ان آگھے	1821	_
			A: .	X	-27
			≥ 1	カリ	(AETON
Enter new mailing address, if applicable:			<u> </u>	£_	 :=#
(Mailing address MAY BE A POST OFFICE BOX)			Os: 1	7	يون موس
			27.5	9:	
			ور در پين	- 6	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our re	ecords. <u>enter the nan</u>	ne of the n	ew regis	stered
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	ida street address			
		, Florida			
	Ciţv		Zip Cod	ď	
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>	Name	Address	Type of Action
			Add
			CRanove
			CChange
			Add
			GRemove
			□Change
			□Add
			□Remove
			© Change
		 	□ Add
			□Ranove
			□ Change
			☐ Remove
			Change
			□Add
			□ Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
	
_	
_	
_	
_	
-	
-	
_	
_	
_	
Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3x) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
Dated .	MARCH 1 2024
	Signature of a member or authorized representative of a member
	KEVIN TRACY
	Typed or printed name of signite