

Florida Department of State
 Division of Corporations
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L240001735493

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(((H24000173549 3)))



H240001735493ABC2

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 Division of Corporations
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Email Address: matthew.mcroberts@nelsonmullins.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KELLY ADVISORS LLC

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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 TALLAHASSEE, FL
 2024 MAY 14 AM 10:43

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MAY 15 2024

COVER LETTER

Fax Audit No. H24000173549 3

**TO: Registration Section
Division of Corporations**

SUBJECT: KELLY ADVISORS LLC

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:

Matthew McRoberts, Esq.

Name of Person

Nelson Mullins Riley & Scarborough

Firm/Company

5811 Pelican Bay Boulevard, Suite 204

Address

Naples, FL 34108

City/State and Zip Code

matthew.mcroberts@nelsonmullins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew McRoberts, Esq.

239 325-0416

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 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 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

Fax Audit No. H24000173549 3

KELLY ADVISORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/28/2024 and assigned Florida document number L24000145087.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

1625 Whalin Way

(Principal office address MUST BE A STREET ADDRESS)

The Villages, FL 32163

Enter new mailing address, if applicable:

1625 Whalin Way

(Mailing address MAY BE A POST OFFICE BOX)

The Villages, FL 32163

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1625 Whalin Way

Enter Florida street address

The Villages

Florida 32163

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

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CLERK OF STATE
TALLAHASSEE FL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax Audit No. H24000173549 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth Kelly	1625 Whalin Way	<input type="checkbox"/> Add
		The Villages, FL 32163	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


Fax Audit No. H24000173549 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 5/10/24 _____ 2024



Signature of a member or authorized representative of a member

Kenneth Kelly

Typed or printed name of signer