

# M21000011186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

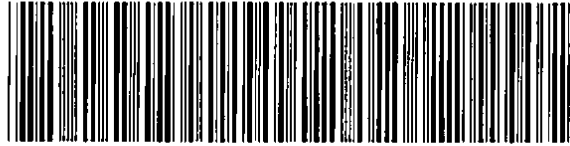
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Pine Realty, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kellie Coker

\_\_\_\_\_  
Name of Person

South Pine Realty, LLC

\_\_\_\_\_  
Firm/Company

840 ERNEST W. BARRETT PARKWAY NW, SUITE 440281

\_\_\_\_\_  
Address

KENNESAW, GA 30160

\_\_\_\_\_  
City/State and Zip Code

kelliecoker@gmail.com

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

For further information concerning this matter, please call:

Kellie Coker

at ( 404 ) 458-7797

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: South Pine Realty, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

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STATE  
TALLAHASSEE, FLORIDA

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2. The Florida document number of this limited liability company is: M21000011186

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 08/23/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Kellie Coker, LLC.  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove Authorized Representative: Patrick Norris

| <u>Title/ Capacity</u> | <u>Name</u>         | <u>Address</u>                     | <u>Type of Action</u>                      |
|------------------------|---------------------|------------------------------------|--|
| Auth.Rep               | Norris , Patrick R. | 1100 Peachtree Street, NESuite 690 | <input type="checkbox"/> Add               |
|                        |                     | Atlanta, GA 30309                  | <input checked="" type="checkbox"/> Remove |
|                        |                     |                                    | <input type="checkbox"/> Add               |
|                        |                     |                                    | <input type="checkbox"/> Remove            |
|                        |                     |                                    | <input type="checkbox"/> Add               |
|                        |                     |                                    | <input type="checkbox"/> Remove            |
|                        |                     |                                    | <input type="checkbox"/> Add               |
|                        |                     |                                    | <input type="checkbox"/> Remove            |
|                        |                     |                                    | <input type="checkbox"/> Add               |
|                        |                     |                                    | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Kellie Coker

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## CERTIFICATE OF AMENDMENT

### NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**South Pine Realty, LLC**

**a Domestic Limited Liability Company**

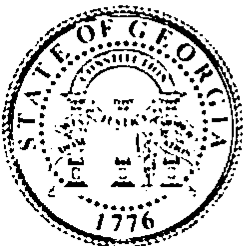
has filed articles/certificate of amendment in the Office of the Secretary of State on 08/03/2023 changing its name to

**Kellie Coker, LLC**

**a Domestic Limited Liability Company**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on 08/10/2023.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

## ARTICLES OF AMENDMENT

\*Electronically Filed\*

Secretary of State

Filing Date: 8/3/2023 1:43:18 PM

### Article 1

Business Name : South Pine Realty, LLC

Control Number : 20037132

### Article 2

The date the original articles of organization were filed was: 03/06/2020

### Article 3

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : Kellie Coker, LLC

Effective Date : 08/03/2023

### Authorizer Information

Authorizer Signature : Kellie Coker

Authorizer Title : Manager