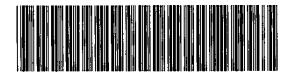
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S. YOUNG

# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: TLU	USIONS-NART B Name of Lim	SY RONDA KRIS Lited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rong	Name of Person	
		Name of Person	<del></del>
	ILLUSIONS N	ART BY RONDA	KRIS LLC
		Firm/Company	
	4845 GRE	EN BLUD.	
		Address	
	NAPLES	, FL. 34116	· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	The second second
	CKCISM E-mail address: (	urals Dyahoo. Co	om 5 m
For further information co	oncerning this matter, please c		
Ronda Kr	1 S E Person	at (235) 470 -	Telephone Number
(vanie o	. i Giodii	Mea Code Daytime	reseptione regimeer
Enclosed is a check for th	e 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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLLUSIONS NART BY RHONDA KRIS LLC The Articles of Organization for this Limited Liability Company were filed on  $\frac{9/3/2014}{}$  and assigned Florida document number L0700072169 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

### 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

Enter Florida street address

. Florida

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
MGR	JULIE BOYAN	533 92 <sup>nd</sup> Ave. N. Unit A NAPLES, FL. 34108	<b>©K</b> Add
			Remove
			Change
AMBR	ANGEL REYES	19191 TANGERINE RD , FT. MYERS, FL. 33967-4811	<b>⊠</b> √∧dd
			Remove
			☐ Change
AMBR	DEBURAH HANCOCK	848 104th AVE, N. NAPLES, FL. 34108	<b>∠E</b> KAdd
			□ Remove
			Change
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	(optional)
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cument's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	
record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed. $\frac{9/4/2015}{}$	· 6 7
record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.  Ited 9/4/2015 Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00