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(Requesto	ır's Name)	
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: KAKA +	Name of Lim	ITERIORS, LLC ited Liability Company	
The enclosed Articles of Amendme		_	
	Lauren	Marchant Name of Person	
	Kava+	telev+ Interior	2020 AI
	725 N. 1	HWY AIA, Ste Elo	2020 AUG -3 PM 2: 09
		City/State and Zip Code	<u> </u>
For further information concerning		to be used for future annual report not	ification)
	rchan+	at (561) 951-	- 132 6 ne Telephone Number
Enclosed is a check for the following	ng amount:		
•	.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	Y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	1101	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
VARA WILLED INTERI	10RS . LLC R.	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	No change	
(Principal office address MUST BE A STREET ADDRESS)	. το .	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No change 9	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new i	<u>registered</u>
Name of New Registered Agent:	No change	
New Registered Office Address:	Enter Florida street address	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jumitial with provided for in Chapter 605, F.S. Or, if this docum	nent is

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
			Remove
			Change
			□Add
			∑ Change
	•		L L DAdd
			Remove
			□Add
 .			□Remove
			□Change
			□Remove
			□Change

		
		
		
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	11.1 12.3	9
		
ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or m If the date inserted in this block does not meet the applicable statutory filin ent's effective date on the Department of State's records.	(optional) fore than 90 days after filing.) Pursu g requirements, this date will n	uant to 60: ot be lis
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. s filed.	on the earlier of: (b) The 90th	n day after
red 7 30 20		
Signature of a memor or authorized representative	e of a member	
Signature of a memily or authorized representative		

Filing Fee: \$25.00