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COVER LETTER

TC: Registration Section Division of Corporations
SUBJECT: Kristina Cedrone, 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:
Kristina Cedrone, LLC
2950 Tamiami North Suite 5
Naples FL 34103 City/State and Zip Code Kristina Cedane of gmail. com E-mail address: (to be used for titure annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 898-7242 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy

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





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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2020

KRISTINA CEDRONE 8950 COLONNADES COURT E #836 BONITA SPRINGS, FL 34135

SUBJECT: KRISTINA CEDRONE LLC

Ref. Number: L20000074217

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 020A00009461



April 27, 2020

KRISTINA CEDRONE 8950 COLONNADES COURT E #836 BONITA SPRINGS, FL 34135

SUBJECT: KRISTINA CEDRONE LLC

Ref. Number: L20000074217

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00008621

Claretha Golden Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Kristina C	edone 1-1 (2020 11 29 AM 9: 47
(Name of the Limited Liabilit (A Florida	Cy Company as it now appears on our records.) Limited Liability Company)
	ompany were filed on 3 6 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Kristina Cedrone L.I. The new name must be distinguishable and contain the words "Limit	- 1.000
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	2950 tamiami trail N. Suite 5, Studio 20 Napks, FL 34103
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8950 Colonnades ct E # 836 Bonita Springs, FL 34135
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 39	Kristina Cedrone 50 tamiam: frail North Suite 5 Enter Florida street address
	Vaples Florida 34103 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

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
4MBR	Kristina Cedrone	Address 8950 colonnades CtE # Bonita Springs, FL 34	856 1358 Add
			□Remove
			Change
 			□Add
			□Remove
			Change
			□Add
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			□Remove
			□ Change

If ameno)	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	My name, Kristina Cedrone, needs to se added under authorized person.
_	
_	
_	
	
f an effect Note: - If	e date, if other than the date of filing:
d is filed	
Dated	5-26-2020. Listina Cedime
	Signature of a member or authorized representative of a member
	Kristina Cedrone Typed or printed name of signee

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