## L20000295684

(	Requestor's Name)	
(	Address)	
(	Address)	
	City/State/Zip/Phone #)	<del></del>
. PICK-UP	WAIT	MAIL
(	Business Entity Name)	
	Document Number)	
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	Te	ellus Goods	
30b3EC1.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Jacques L. Tellus	
		Name of Person	
		Firm/Company	
		9091 Spruce Creek Circle	
		Address	
		Riverview, Florida 33578	
		City/State and Zip Code	
		kensosjoy@gmail.com	
For further information c	E-mail address:	(to be used for future annual report noti all:	fication)
	es L. Tellus	813 847-3842	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations

P.O. Box 6327

TO:

**Registration Section** 

Tallahassee, FL 32314

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

	oods,LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company  L20000295684	were filed on	September, 21, 2020	and assigned
Florida document numberL20000295684			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
Kenso's Joy, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the o	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	One Urban Cen	nter ça	207
Principal office address MUST BE A STREET ADDRESS)	4830 West Ken	nedy Blvd Ste 600	S S T
	Tampa, Florida	33609	-0
Enter new mailing address, if applicable:	9091 Spruce Ci	reek Circle	
Mailing address MAY BE A POST OFFICE BOX)	Riverview, Flor	rida 33578	<u> </u>
2211001011001011			8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:			<u> </u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	C:	, Florida	<del></del>
	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

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
Mrs.	Angel J Tellus	9091 Spruce Creck Circle	
		Riverview, FI 33578	=Remove
			Change
			□Remove
			□ Change
			□Add
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ective date, if other th	an the date of fili	ng:		(optic	onal)
ective date, if other the effective date is listed, the deer If the date inserted in	ate must be specific a this block does no	ind cannot be prior to t meet the applica	o date of filing or m ble statutory filin	ore than 90 days after	filing.) Pursuant to 605.020 s date will not be listed a
ument's effective date or	the Department of	f State's records.		5 . • • • • • • • • • • • • • • • • • •	, auto
cord specifies a delayed or filed.	ffective date, but n	ot an effective tin	ne, at 12:01 a.m.	on the earlier of: (b	) The 90th day after the
incu.					
ed August 21		2023			
		_1	_ '		
	,	-	$\sim$ ,		
<del></del>	Signature of	a member of author	ized representative	of a member	

 $(x_1, \dots, x_{n-1}, \dots, x_{n-1})$