

L21000181316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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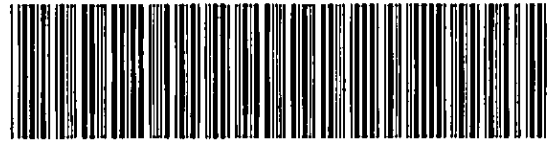
(Business Entity Name)

(Document Number)

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2022 AUG 24 PM 4:47
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17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATE ELLIOTT 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:

KATE ELLIOTT

Name of Person

KATE ELLIOTT
HEALING REMEMBERED

Firm/Company

10252 BLOSSOM TRAIL

Address

SEMINOLE FL. 33772

City/State and Zip Code

Hello@HealingRemembered.com

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

For further information concerning this matter, please call:

KATE ELLIOTT

Name of Person

at 561 531-8532

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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**

KATE DELHOMME LLC

Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

2022 AUG 24 PH 4:47

The Articles of Organization for this Limited Liability Company were filed on 04/19/2021 and assigned
Florida document number L21000181316

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KATE ELLIOTT LLC

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)

10252 BLOSSOM TRAIL
SEMINOLE
FL 33772

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10252 BLOSSOM TRAIL
SEMINOLE
FL 33772

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:

KATE ELLIOTT

New Registered Office Address:

10252 BLOSSOM TRAIL

Enter Florida street address

SEMINOLE

City

Florida FL 33772

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 22nd, 2022

Kate Elliott
Signature of a member or authorized representative of a member

KATE ELLIOTT
Typed or printed name of signee