

Florida Department
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KATANDA BOUTIQUE LLC**

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Page Count	04
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RECEIVED

2023 JUN 30 PM 3:41

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 30 PM 2:12

APPROVED
AND
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Electronic Filing Menu

Corporate Filing Menu

Help

JUL 05 2023

K. Brumbly

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KATANDA BOUTIQUE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/18/2023 and assigned
Florida document number L23 000034142

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)

6020 NW 99 AVE
SUITE 203
2022 FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6020 NW 99 AVE
SUITE 203
2022 FL 33178

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:

KATHERINE C COURLAENDER FOLLOA

New Registered Office Address:

6020 NW 99 AVE SUITE 203

(Enter Florida street address)

2022

Florida

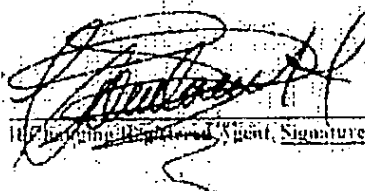
33178

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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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If attending 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ANAMER VILCHEZ	6055 NW 103 CT	☐ Add
	MARTINEZ	# 111 KIDDI PL 3170	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

PLEASE ADD EIN # 92-2054358

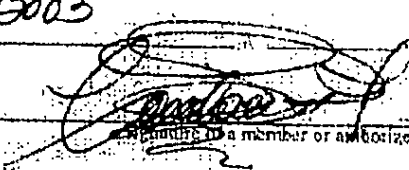
E. Effective date, if other than the date of filing: 6/30/2023 (optional)

(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

6/30/2023



Signature of a member or authorized representative of a member

KATHERINE C COURLAENDER FOLCON

Typed or printed name of signer