## LZ0000246689

(Re	questor's Name)	
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PłCK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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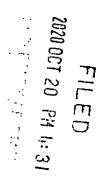




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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	4K'S Kat	CNM LLC  ited Liability Company	
	·		•
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kayl 4k 914 Orland	Name of Person  Shame o	
	kk br	ady 220 gmal. to be used for future annual report noti	COM
For further information	concerning this matter, please ca		neanon)
Kayla K	of Person)	at ( 954 ) 305 · 1	0165 e 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Seconds of Core The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it how appears o	n our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L200024009</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	ty company here	:	20an Bussigned FILED PH 4:3
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	gnation "LLC" or the abb	reviation "E.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our reco	ords, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address		street address	
		, Florida	
	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 per accept the obligations of my position as registered agent as property the obligations of the property of the company has been notified in writing of this change.	erformance of my ovided for in Cha	v duties, and I am fa upter 605, F.S. Or, i	miliar with and f this document 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>	<u>Name</u>	<u>Address</u>	Type of Action
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		Orlando, F1. 32805	□ Add    Date move   Change   Change
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Effective date, if other than the da	ate of filing:			(optional)	
If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot does not meet the	ot be prior to date o he applicable stat		days after filing.	
e record specifies a delayed effective d rd is filed.	ate, but not an ef	fective time, at 1	2:01 a.m. on the earl	ier of: (b) Th	e 90th day after the
Dated September 2	9	2020 .			
#12	3				
Si	gnature of a memb	er or authorized rep	resentative of a member	er	
	•				

Filing Fee: \$25.00