

L10000115349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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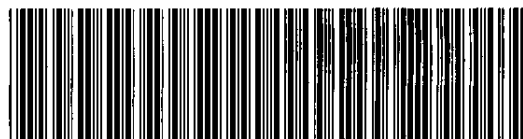
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 19 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K.A. ARTISTRY 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:

KIANDICE ACTON
Name of Person

K.A. ARTISTRY LLC
Firm/Company

3970 TAMPA RD SUITE C
Address

OLDSMAR FL 34677
City/State and Zip Code

POUTURE.SALON@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIANDICE ACTON at (813) 854-5997
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2010 NOV 18 PM 2:49

K.A. ARTISTRY LLC

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

CLARK COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 5, 2010 and assigned Florida document number L100002115349.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida 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 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 608, 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

MGR = Manager
MGRM = Managing Member

[illegible]

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

Dated 11/15/10, _____.


Signature of a member

Signature of a member or authorized representative of a member

KANDICE ACTON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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2010 NOV 18 PM 4:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA