111000114971

(Requestor's Name)				
(Address)				
(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100329028341

U5/08/19--01017--025 **60.00

2019 1... (20 AH 8: 15

Mamuch & CC

MAY 3 1 7019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 12Kat Design	5 LLC
Name of Limited I	Liability Company
The continue of A continue of A continue of Action	od for Films
The enclosed Articles of Amendment and fee(s) are submitted	ea for tung.
Please return all correspondence concerning this matter to the	c following:
Elizabeth	B. Jacobs Name of Person
Lizkat [Designs LLC Firm/Company
3179 Ma	Maluca Rd.
West Palm	Beach + 33406 hy/State and Zip Cook
F-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Elizabeth B. Jacobs	at (501) (001-8399
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 &
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2019

ELIZABETH B. JACOBS 3179 MELALEUCA RD WEST PALM BEACH, FL 33406

SUBJECT: LIZKAT DESIGNS, LLC

Ref. Number: L11000114971

We have received your document for LIZKAT DESIGNS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 419A00010175

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

112Val Docida	
Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)
(À Florida Li	imited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on 51819 and assigned
Florida document number <u>L11006114971</u>	
This amendment is submitted to amend the following:	5
	\$ ·
A. If amending name, enter the new name of the limite	d liability company here:
LIZKON (45+0m U	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3179 Melaleura Rd.
(Principal office address MUST BE A STREET ADDRE	ss, West Palm Beach, Fl
	33406
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Trianing address Mills 1912 A Coll Coll Coll Coll	
B. If amending the registered agent and/or register	red office address on our records, enter the name of the n
registered agent and/or the new registered office addre	ss here:
. ame 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:
t hereby accept the appointment as registered agent an	na agree to act in this capacity. I Jurther agree to comply with a
provisions of all statutes relative to the proper and con	nplete performance of my duties, and I am familiar with and
	nt as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
company has been notified in writing of this change.	ogice address, I hereby conjum that the amned habitity

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to ma or removed from our records:		nanage, enter the title, name, an	d address of each person being added	
MGR = N AMBR = A	lanager Luthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			Change	
			□ Remove	
			Change	
			☐ Remove	
			Change	
			Remove	
			☐ Change	
				
			Remove	
			☐ Change	
			☐ Add	
			☐ Remove	
			Change	

). If am	nending any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)
•		
•		
-		
-		
•		
•		
•		
,		
Effect	tive date, if other than the date of filing:	(optional)
.≆an ef <u>Fiote:</u>	effective date is listed, the date must be specific and cannot be pre- If the date inserted in this block does not meet the app	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 dicable statutory filing requirements, this date will not be listed as the
docun	ment's effective date on the Department of State's recor	ds.
	ecord specifies a delayed effective date, but e 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
1116	e 90th day after the record is med.	
Dated	Mau = 20	19
Dateu		' ·
	$\mathcal{L}(\mathcal{M})$	
		uthorized representative of a member
	5/17000110 F	3. Jacobs
	Typed or pr	3 - Ja WS inted name of signee

Page 3 of 3

Filing Fee: \$25.00