

L12000017310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer

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A. RIVERS

FEB 23 2023



600402642896

FILED

2023 FEB 23 PM 3:08

02/24/23--01001--001 **35.00

DIR. OF CORP. OFFICE
TALLAHASSEE, FLORIDA

2023 FEB 23 PM 2:49

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kreative Decor 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:

Kawandia Jolivet
Name of Person

Kreative Decor LLC
Firm/Company

3061 Laredo Dr.
Address

Tallahassee
City/State and Zip Code

KreativeDecor@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kawandia Jolivet at (850) 328.9542
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 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

~~The Grandroom LLC~~
~~Kreative Decor 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 _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

Kreative Decor LLC

A 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)

3061 Laredo Dr
Tallahassee, FL
32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3061 Laredo Dr
Tallahassee, FL
32303

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:

Kawandia Jolivet

New Registered Office Address:

3061 Laredo Dr

Enter Florida street address

Tallahassee, Florida 32303

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.

K Jolivet

If Changing Registered Agent, Signature of New Registered Agent

1. Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
2. removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kawandia Jolivet	3061 Laredo Dr.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL	<input type="checkbox"/> Remove
		32303	<input type="checkbox"/> Change
AMBR	Marisa El	3061 Laredo Dr.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL	<input type="checkbox"/> Remove
		32303	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(c) 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)

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 February 23, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kawandia Jolivet

Typed or printed name of signee

Filing Fee: \$25.00