L130000 40731

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

		KittyBoxLive.LLC		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
·		Jimmisha Safford		
	 	Name of Person		
		KittyBoxLive, LLC		
	Firm/Company			
	6160 SW Highway 200 #539			
	Address			
		Ocala Fl 34476		
		City/State and Zip Code		
		kittybox@kittyboxlive.com		
		to be used for future annual report n	otification)	-3 - ·
For further information of	concerning this matter, please c	all:		; ————————————————————————————————————
Jimmisha Safford		239 239-634-6 at ()		
Name o	of Person	Area Code Day	time Telephone Number	
Enclosed is a check for t	he following amount:			<u>ت</u> ق
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Addres Registration		Street Address: Registration S		

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KittyBoxLive,LLC	بنز: در در امر
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability	Company were filed on 03/18/2013	and assigned
Florida document number L13000040731	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
KBL Enterprise, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMB2	Meladie Chalman	1515 No 17th St cope coxa	_ ⊠Add
		33909	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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entities	- Business Purpo	<u>S</u>	
			
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n effective date is list ote: If the date inse	ner than the date of filing: ed, the date must be specific and cannot be perted in this block does not meet the applicate on the Department of State's reco	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605. phicable statutory filing requirements, this date will not be listed ords.	.020 ed a
ecord specifies a de is filed.	layed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
04/13 ited	2020		
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