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AUG 11 2015
S. YOUNG

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kahl Kreations, 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:

Shane P. Kahl

Name of Person

Kahl Kreations, LLC.

Firm/Company

2775 Avenida De Soto

Address

Navarre, FL 32566

City/State and Zip Code

KahlKreations@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shane P. Kahl

850 240-3698
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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**

Kahl Kreations, 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 4/2/2015 and assigned

Florida document number 113000124477

This amendment is submitted to amend the following:

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

No Change

The 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)

2775 Avenida De Soto

Navarre, FL 32566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2775 Avenida De Soto

Navarre, FL 32566

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:

Shane P. Kahl

New Registered Office Address:

2775 Avenida De Soto

Enter Florida street address

Navarre

Florida 32566

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.


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>	<u>Type of Action</u>
AMBR	Alissa Ellison	2775 Avenida De Soto	<input checked="" type="checkbox"/> Add
		Navarre, FL 32566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dan L. Neisius	7004 Navarre Pkwy	<input type="checkbox"/> Add
		Navarre, FL 32566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shane P Kahl	2775 Avenida De Soto	<input type="checkbox"/> Add
		Navarre, FL 32566	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Adrianna Pinard	2981 Via Conquistadore	<input type="checkbox"/> Add
		Navarre, FL 32566	<input checked="" type="checkbox"/> Remove
			<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

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 July 7th 2015

Signature of a member or authorized representative of a member

Shane P. Kahl

Typed or printed name of signee