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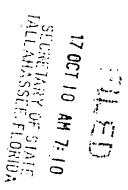
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COVER LETTER

TO: Registration So Division of Cor				
	Investment LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mark Haynes			
		Name of Person		
	Kidzdorm Investment LLC			
Firm/Company 614 SE 15th Terrace				
	Cape Coral Fl 33990			
		City/State and Zip Code		
	mhinli@yahoo.com	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
For further information of	en-man address: (to be used for future annual report notifi all:	cation)	
Mark Haynes		954 512-7345 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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

Kidzdorm Investments 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 $\frac{10/01/2013}{10/01/2013}$ and assigned Florida document number L13000138014 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 614 SE 15th Terrace Enter new principal offices address, if applicable: Cape Coral FL 33990 (Principal office address MUST BE A STREET ADDRESS) 614 SE 15th Terrace Enter new mailing address, if applicable: Cape Coral FL 33990 (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

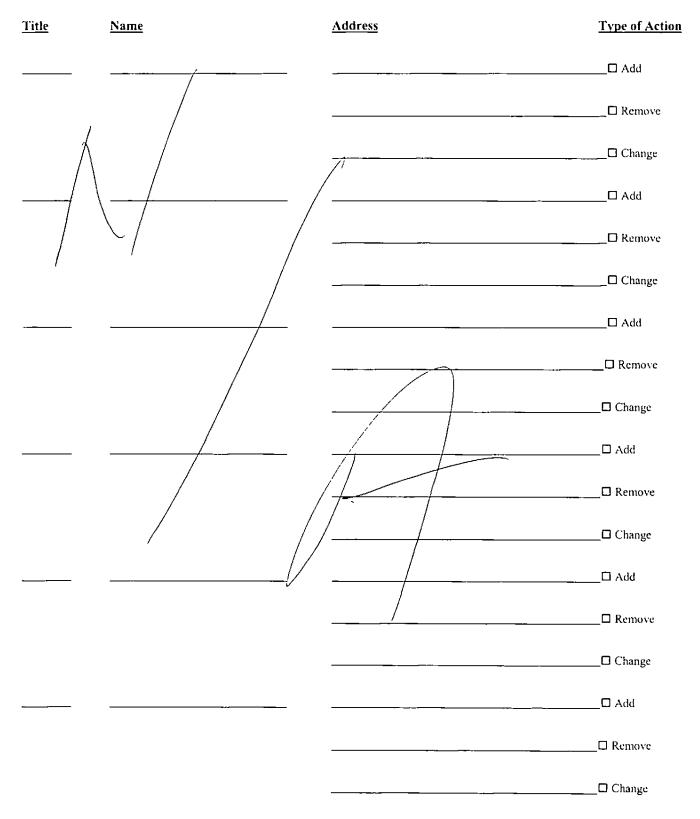
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

New Registered Agent's Signature, if changing Registered Agent:

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



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ote: If the date inserted in this b	date of filing: st be specific and cannot be prior to date of filing or more the ock does not meet the applicable statutory filing requestrement of State's records.	quirements, this date will not be listed as
	f effective date, but not an effective time	
The 90th day after the red		,
October 06	2017	
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Page 3 of 3

Filing Fee: \$25.00