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## **COVER LETTER**

	egistration Sectivision of Corp	orations		•
SUBJECT	:	K Spasiole //ec/ Name of Limi	ted Liability Company	······································
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	rn all correspond	dence concerning this matter	to the following:	
		Chery!	Name of Person	
		[o123 d	Firm/Company	
			Address	
		Melbour	bioleta lixele Address ne Fl 329	40
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further	information cor	ncerning this matter, please ca	all:	
	hely/ Name of I	Person Person	at ( <u>321</u> ) <u>506</u> Area Code Daytime	- 2226 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

10 . 101.

( & K. Seasi Callections
(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 onand assigned
Florida document number 47-1287247
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with 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)
·
Enter new mailing address, if applicable:
(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
City , Florida
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

ive date, if other than the date of filing:	(optional)
ective date must be specific, cannot be prior to date of receipt or filed date at	(optional) nd cannot be more than 90 days after
ective date must be specific, cannot be prior to date of receipt or filed date as this document is filed by the Florida Department of State)	(optional) nd cannot be more than 90 days after
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tive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date at this document is filed by the Florida Department of State)  Tonuary  Signature of a member or authorized representation.	

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Filing Fee: \$25.00

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