

L150000 47164

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04-12-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Krista Bringley 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:

Krista Cain (formerly Krista Bringley)
Name of Person

Krista Cain LLC
Firm/Company

515 Puerta Court
Address

Altamonte Springs, FL 32701
City/State and Zip Code

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

For further information concerning this matter, please call:

Krista Cain at (407) 205-2574
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Krista Bringley 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 3/16/2015 and assigned Florida document number L15000047164.

This amendment is submitted to amend the following:

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

Krista Cain LLC

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)

7758 Wallace Road, Suite VI
Orlando, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 Puerta Court
Altamonte Springs, FL 32701

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:

Krista Cain

New Registered Office Address:

515 Puerta Court

Enter Florida street address

Altamonte Springs
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.

Krista Cain

If Changing Registered Agent, Signature of New Registered Agent

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- 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>
AR	Krista Cain	SIS Puerta Court	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Krista Bringley	2422 Helen Avenue	<input type="checkbox"/> Add
		Orlando, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

(b) The 90th day after the record is filed.

Dated June 19, 2018

First Case

Signature of a member or authorized representative of a member

Krista Cain

Typed or printed name of signee

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