

2150000 76216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

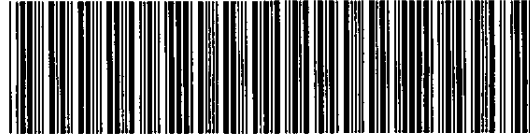
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLOUD9 CLOTHING 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:

Adam Barker

Name of Person

KLOUD9 CLOTHING LLC

Firm/Company

6490 62nd Ave N

Address

Pinellas Park, FL 33781

City/State and Zip Code

adambarker5@yahoo.com

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

For further information concerning this matter, please call:

Adam Barker

727 871-6349
at ()

Name of Person

Area Code

Daytime 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KLOUD9 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 04/30/2015 and assigned
Florida document number L15000076216.

This amendment is submitted to amend the following:

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

KLOUD9 CLOTHING 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:

6490 62nd Ave N

(Principal office address MUST BE A STREET ADDRESS)

Pinellas Park, FL 33781

Enter new mailing address, if applicable:

6490 62nd Ave N

(Mailing address MAY BE A POST OFFICE BOX)

Pinellas Park, FL 33781

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:

Adam Barker

New Registered Office Address:

6490 62nd Ave. N

Enter Florida street address

Pinellas Park

Florida

Zip Code

15 JUL 24 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA
33781

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>
MGR	Stephen Adair	1400 GANDY BLVD.	<input type="checkbox"/> Add
		SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Remove
		6490 62nd Ave N	<input type="checkbox"/> Change
MGR	Adam Barker	Pinellas Park, FL 33781	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

15 JUL 24 AM 11:00
SECRETARY OF STATE
MAIL ROOM

15 JUL 24 AM 11:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 7-22, 2015.

x Stephen Chaur

Signature of a member or authorized representative of a member

Stephen Adair

Typed or printed name of signee