Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KIYYAH4KIDS LLC

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Electronic Filing Menu

Corporate Filing Menu

YH&HLKER

TO:

Registration Section

COVER LETTER

Divi	ision of Corp	porations		
SURIECT:	KIYYAH4	KIDS LLC		
SCENECT.	Name of Limited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
Firm/Company				
101 N Brand Blvd				
Address				
		Glendale, CA 91203		
City/State and Zip Code				
		mrs.alozie@outlook.com	to be used for future annual report notifica	ation)
For further in	iformation co	oncerning this matter, please of	·	(NOII)
Imelda Vasquez 323 062 9600 evt 7050				7950
Name of Person		Person	at () Area Code Daytime T	elephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
	MAILI	NG ADDRESS:	STREET/COURIER	t Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIYYAH4KIDS LLC			
(Name of the Limited Liability Comps (A Florida Limited	my as it now appears on our records.) Liability Company)	**************************************	
The Articles of Organization for this Limited Liability Company were filed on			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Zakiyyah International, LLC			
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	2205 NW 167th Ave Unit# 13-208		
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, Florida 33028)	_
		- S	_
Enter new mailing address, if applicable:	2205 NW 167th Ave Unit# 13-208	JN -8	ra de més Promotion E
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, Florida 33028		T
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he hame of the	new
Name of New Registered Agent:			_
New Registered Office Address:	Enter l'Iorida street address		_
	Florida		_
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ZAKIYYAH SHAKIR	8362 PINES BLVD. #298	
		PEMBROKE PINES, FL 33024	Ø Remove
AMBR	ZAKIYYAH SHAKIR	2205 NW 167th Ave Unit# 13-208	
		Pembroke Pines, Florida 33028	☐ Remove
			☐ Remove
			ALL DAdd JUN - Start Remove
			PM IZ: 15
			Remove
			
			Remove

D.	If amending	z any other informatio	n, enter chan	ge(s) here:	(Attach additio	al sheets, if necessary	,
		·	 				
		· · · · · · · · · · · · · · · · · · ·		····,···,···,····,··········,···			

E.	(The effective of	ite, if other than the di ste must be specific, carnot ocument is filed by the Flori	be prior to date of	receipt or filed	date and cannot be	(optional) more than 90 days after	
	Dated	June 2	<u> </u>	2016	Pl		
	-		mature of beat	Zakiyyal	shakir	f a member	****
	-		Тур	ed or printed	name of signee	·	

Page 3 of 3

Filing Fee: \$25.00

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