15000134174

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COVER LETTER

10:		sion of Corp		•	
SURI	ECT:	Karma Bran	ding & Creative, LLC		
0012	LC II		Name of Limi	ted Liability Company	
The er	nclosed	Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please	e return	all correspon	dence concerning this matter t	to the following:	
			Nina Anderson		
				Name of Person	···
			Karma Branding & Design	, LLC	
				Firm/Company	
			2810 N Oakland Forest Dr	#3()4	
				Address	
			Oakland Park, FL 33309		
				City/State and Zip Code	
			goodkarma@karmabranding		
			E-mail address: (t	o be used for future annual report notifica-	ation)
For fu	ırther in	formation co	ncerning this matter, please ca	l1:	
Nina .	Anders	on		954 707-2327	
		Name of	Person	Area Code Daytime T	Celephone Number
Enclos	sed is a	check for the	e following amount:		
■ \$2	25.00 F:	ling 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

Karma Branding & Creative, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records, ida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 8/6/2015	and assigned
Florida document number L15000134174		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Karma Branding & Design, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg	istered office address on our records.	enter the name of the ne-
registered agent and/or the new registered office ad		
		CLA
Name of New Registered Agent:		
The state of the s		
New Registered Office Address:		The transfer of the transfer o
	Enter Florida street address	Filo AM
	, Flor	
	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 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> Address Type of Action <u>Name</u> _□ Remove _□ Change _□ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _ Remove

_□ Change

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Effective date, if other than t	he date of filing:		(optional)	
Effective date, if other than to (If an effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	block does not meet the applicat	date of filing or more than 90 day le statutory filing requiremen	ys after filing.) Pursuant to 605, its, this date will not be liste	0207 (d as t
the record specifies a delay) The 90th day after the r		an effective time, at 12	:01 a.m. on the earlie	r of:
Dated MAY 26	2018	$\overline{}$		
	0/1//			
	1//////////////////////////////////////	zed representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00