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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Corpo	prations		
SUBJECT:	KI DADDY	LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
-	<u>-</u>	J	
	DAN	Name of Person	32
		Name of Person	
	TILL	DADDY LLC	
		Firm/Company	
	607	SE 137 AVE	
		Address	
	CAPE	COVAC, FL 3390 City/State and Zip Code	10
		City/State and Zip Code	
	E-mail address: (to	FLORIDA @ CMALLO be used for future annual report notificat	COM
For further information con	cerning this matter, please cal	   ·	
April C	Aywatin	at (612) 245 - 5	190
Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a check for the	fallowing amount:		
^	<del>-</del>		
\$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)

MAHJING ADDRESS:

Registration Section '

TO:

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

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on () () () and assigned
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 contain the words "Limited I	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or he new registered office address	ed office address on our records, enter the name of the nothere:
	35° <b>Vo</b>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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>	<u>Name</u>	Address	Type of Action
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		339010	Change
		·	🗆 Add
			🗖 Remove
			☐ Change
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ocument's effective date on the Department of State's records.	e record specifie The 90th day al	s a delayed e ter the record	ffective da i is filed.	ate, but n	ot an effe	ctive time	, at 12:01	a.m. on the	e earlier
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Filing Fee: \$25.00