

L15000 192847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2015 OCT 23 PM 3:15

PAID
OCT 21 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kilimanjaro Health and Beauty
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Assana Gampine

(Name of Person)

(Firm/Company)

322 Burnt Pine Drive

(Address)

Naples, Florida 34119

(City/State and Zip Code)

For further information concerning this matter, please call:

Assana Gampine

(Name of Person)

at 201 887 2525

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2019

ASSANA GAMPINE
322 BURNT PINE DR
NAPLES, FL 34119

SUBJECT: GAMPINE GROUP LLC
Ref. Number: L15000192847

We have received your document for GAMPINE GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 519A00020968

RECEIVED
2019 OCT 23 1:11:30

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

Gampine Group LLC

2015 OCT 23 PM 3:15

(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 November 2015 and assigned
Florida document number L15000192847.

This amendment is submitted to amend the following:

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

Kilimanjaro Health and Beauty Limited Liability Company

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida 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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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(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)

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

Champion Awards

ASSANA GAMPINE

Filing Fee: \$25.00

October 21, 2019

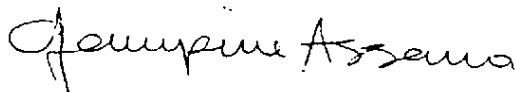
Rebekah White
Regulatory Specialist II Supervisor
Florida Department of State
Division of Corporations

Re: Your letter dated October 11, 2019 regarding a Limited Liability Company Name Change
Ref. Number L15000192847

Dear Rebekah

Enclosed find the amended documents for the name change per your instructions. Now the new name ends with Limited Liability Company.

Thank you very much.

 10-21-2019

Assana Gampine