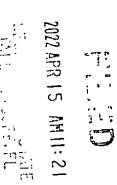
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	_
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(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

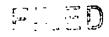
TO:

HIS & HER SUBJECT:	RS BY KIARA GABY LLC		,	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Bradley Gies			
		Name of Person		
	Bradley Gies P.A.			
		Firm/Company		
	1983 PGA Blvd. Ste 104b			
		Address		
	Palm Beach Gardens			
		City/State and Zip Code		
	Bradgies@gieslaw.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please co	all:		
Bradley Gies		561 406-8247		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne 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		Street Address:		
Registration S		Registration S		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HIS & HERS BY KIARA GABY LLC

2022 APR 15 AM 11:21

(Name of the Limited Liability Co	ompany as it now appears on our records.) ([]
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/23/2015 and assigned
Florida document number L15000212199	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Stranded & KO LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent: N/A	
Name Boundary of Office Addresses	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	zent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with a plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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N/A		
 		
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	N/A	
	be specific and cannot be prior to date of filing or more than 90 days a ck does not meet the applicable statutory filing requirements,	after filing.) Pursuant to 605.0207 (.
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Oated April 8th	2022	
1	· · · · · · · · · · · · · · · · · · ·	
	ignature of a member or authorized representative of a member	
Bradley Gies A	thonized Representative Typed or printed name of signee	
	Typed or printed name of signee	