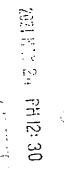
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(Re	equestor's Name)	
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2021 MAY 24 PM 1: 11

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2021

KELSI ADAMS 2236 ORTEGA ST. NVARRE, FL 32566

SUBJECT: IGNITE ARTISTRY BY KELSI ADAMS LLC

Ref. Number: L16000065077

We have received your document for IGNITE ARTISTRY BY KELSI ADAMS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Alecia Rivers Regulatory Specialist II

Letter Number: 621A00009684

Division of Co	orporations				
SHRIFCT: 1.		*	· · · · · ·		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &					
The enclosed Articles o	Address City State and Zip Code				
Please return all corresp	ondence concerning this matter	r to the following:			
		•			
	1:00				
	Name of Canited Liability Company of Amendment and feets) are submitted for filing. spondence concerning this matter to the following: Virtual Company Virtual Company				
		Firm Company	100		
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	; 7 <u>i</u> , .	City State and Zip Code			
			dication)		
For further information c	oncerning this matter, please c	all:			
Para Ing		and Get 20 A of 1977	0.001		
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this mater.	(Person	Area Code Daytime Telephone Number			
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &		
		(аванона) сору 18 ецеюхеф			
Mailing Address		Street Address:			
Registration S	Section	Registration Sec	ction		

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32305

TO ARTICLES OF ORGANIZATION

9 (Name of the Limi	ted Liability Con A Florida Limit	npany as it now appears on or ed Liability Company)	S LLC	
The Articles of Organization for this Limited L Florida document number $\bot \bot U()) $		iny were filed on $\underline{CH/C}$	$1/201(\varrho)$ and assig	med
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of the new name of the new name must be distinguishable and contain the vision of the new name must be distinguishable and contain the vision of the new name must be distinguishable.		<u> </u>	on "LLC" or the abbreviation "L.L.	<u></u>
Enter new principal offices address, if applic	cable:	N/A		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A	2021 MAY 24	
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered offic ss here:	ce address on our records	, enter the name of the new	registered
Name of New Registered Agent:	NA			
New Registered Office Address:	\/A·	Enter Florida stre	et address	
	N/A		, Florida Zip Code	
Nam Danistanad kaasta tiina taa is t	<i>l</i>	·	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agei	nt:		

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed-	<u>from our records</u> :		
$MGR = M_{2}$ $AMBR = A_{1}$	anager othorized Member		/
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
	/		□Add
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i an effec <u>Note:</u> H	re date, if other than tive date is listed, the date f the date inserted in th nu's effective date on the	e must be specific : iis block does no	ии cannot be p t meet the ap	prior to date of fi plicable statute	ling or more than	(option : 90 days after fili- tements, this da	no i Pursient to A	05,0207 sted as
	specifies a delayed effi	ective date, but n	ot an effectiv	e time, at 12:0	H a.m. on the c	arlier of: (b)	The 90th day at	ter the
record : d is tiled	i.							
d is filed	1. May 1-	7	202	21				
d is filed	d.		202	21	settletiese of a me			