## L17000030725

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations	•	•	<b>34</b>	•
SUBJEC		ENTERPRISES, LLC			•	
SUBJEC	,1; <u></u>	Name of Lin	ited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		KISHA PORTER				
			Name of Person		_	
		KISANII® ENTERPRISE	S. LLC			
			Firm/Company		_	
		11705 BOYETTE ROAD	STE 215			
			Address	<del> </del>	_	
		RIVERVIEW, FL 33579			SEC	2022 NOV 30
			City/State and Zip Code		二部	<u> </u>
		INFO@KISANHENTERPF				<u> 3</u>
			to be used for future annual report not	itication)	50 mg	
For furth	er information c	oncerning this matter, please c	all:		Later .	·윤 
KISHA F	PORTER	•	313 852-5802			သ
	Name o	f Person	at () Area Code Daytin	ne Telephone Numbe	er	
Enclosed	is a check for th	ne following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Su	atus &
	Mailing Address Registration S	Section	Street Address: Registration Se			
	Division of C	orporations	Division of Con	rporations		

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISanII	Enterprises	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ( a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number L17000030725	Company were filed on <u>2/8/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4
(Principal office address MUST BE A STREET ADDI	<u> </u>	
		17.0 17.0 17.0
		[ 0 Li
Enter new mailing address, if applicable:		30
(Mailing address MAY BE A POST OFFICE BOX)		
		المساد ي
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address		
	Enter Florida sti	rect 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>	Name	Address	Type of Action
AMBR	KISHA PORTER	11705 BOYETTE RD STE 215 RIVERVIEW. FI	. 335€ □ Add
			⊡Remove
			■ Change
MGR	AARON PORTER	11705 BOYETTE RD STE 215 RIVERVIEW, FI	. 335€ □ □ Add
			⊡Remove
			☐ Change
			2022 Add
		: : : : :	☐ Remove.
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effective date is listed, the date must be	be specific and cannot be prior to date of	(optional) of filing or more than 90 days after filing.) Pur	suant to 605.020
cument's effective date on the Dep		tutory filing requirements, this date will	not be fisted a
	A 1 00 1 1 1	<b>.</b>	
s filed.	date, but not an effective aine, at 4	2:01 a.m. on the earlier of, (b) The 90	th day after the
November 28	2022		
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