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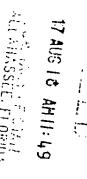
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## **COVER LETTER**

TO:	Registration Security Division of Corp			
cum	recer.	KIDAKAM	CREATIONS LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	······································
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Kameshia Josephs	
			Name of Person	
		К	SIDAKAM CREATIONS LLC	
			Firm/Company	
			7707 SW 7TH ST	
			Address	
		N	ORTH LAUDERDALE FL, 330	58
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
		KAMESHIAHAMILTON®		
For fu	rther information co	E-mail address: () oncerning this matter, please ca	to be used for future annual report no	incation)
		meering this matter, please of		05.4
Kame	shia Josephs	···	at ()	0514
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclos	sed is a check for th	e following amount:		
□ <b>\$</b> 2	5.00 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)

1

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KI	DAKAM CREATI	ONS LLC		
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on ( Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number 1,17000132814	iability Company	were filed on JUNE I	9, 2017 2	nd assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
KAMESHIA HAMILTON DESIGNS, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE		N/A		
Trincipal office data ess (NOST DE TISTREST TEXTILES		N/A	;* [	75
Enter new mailing address, if applicable:		N/A	A SA	AUG 18
Mailing address MAY BE A POST OFFICE	BOX)	N/A	بر براد. زیران	
		N/A	F. 0	= -
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our <u>e</u> :	records, enter the	name of the no
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			***************************************
		Enter Florida st	reet address	
	N/A		, Florida <sup>N/A</sup>	
		City	Zij	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MS	NERKIDA JONES	14831 NW 2ND AVE,	
		MIAMI FL, 33168	■ Remove
			□ Change
MGR	DALSIA HAMILTON	7707 SW 71'H ST.	Add
		NORTH LAUDERDALE, FL	Remove
		33068	☐ Change
			Add
			□ Remove
		<del></del>	☐ Change
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ective date, if other than the	date of filin	AUGUST	25,2017		(opt	ional)		
effective date is listed, the date mus	t be specific an	d cannot be pri	or to date of fil	ing or more th	an 90 days afte	r filing.) Pur	suant to 60	5.020
te: If the date inserted in this blument's effective date on the D				ry ming req	iirements, th	is date will	not be its	ieu a
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record specifies a delayed	l effective	date, but r	ot an effe	tive time,	at 12:01	a.m. on	the earl	ier o
he 90th day after the rec				·				
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Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00