L17000140208

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TALLAHASSEE, FI

FILED

COVER LETTER

TO: , Registration Section Division of Corporations	
SUBJECT: Kids Lovely Name of Limi	Couture LLC.
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Robe	ert A. Edwards II
	Name of Person
Kids	Lovely Coutive, LLC.
	. ,
2.0	Porchester Dr. Address
	Address
	Sanford, FL 32771 City/State and Zip Code
E-mail address: (1	o be used for future annual report notification)
For further information concerning this matter, please co	ill:
D	
Kobert A. Edwards IL	at (321) 945 - 9026 Area Code Daytime Telephone Number
Name of Person -	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Companyions	Division of Cornections

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kids Lovela	y Couture,	LLC		
(Name of the Limited Liability (A Florida I	Company as it now appear Limited Liability Company)	rs on our records.)	_
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000140208</u>	ompany were filed on	June 28	F, 2017 and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company he	ere:		
RP Property Investment The new name must be distinguishable and contain the words "Limit	+, LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the d	esignation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	<u></u>		70 70 70 70	977 77
				
			AS C	Д
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			ا محماً ا	
				7 <u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, <u>enter tl</u>	he name of the	new registered
Name of New Registered Agent:				-
New Registered Office Address:				
	Enter Florida street address			
		, Flor	rida	
	City		Zip Co	ede

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 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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<u>iote:</u> If	date, if other than ive date is listed, the dat the date inserted in the it's effective date on t	iis block does not	meet the applicabl	date of filing or mor e statutory filing	(option of the control of the contro	onal) filing.) Pursuant to 60 s date will not be lis)5.0207 (sted as 1
l is filed) The 90th day aft	er the
ated	December	2 =	. 2022				
		Morbet Signature of a	LG. Solumember or authoriz	rav elo Ted representative o	Ta member		
		_	A. Edu Typed or printed i				

. . . .

Filing Fee: \$25.00