

L17000175160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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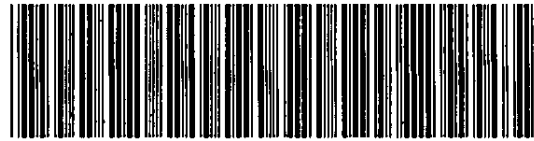
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Samantha Abigail McKenzie LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha McKenzie
Name of Person
Kenzie Kouture
Firm/Company
905 SW 15TH ST APT 306
Address
Pompano Beach, FL, 33060
City/State and Zip Code
sammikenzie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha McKenzie 954 901-6122
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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**

Samantha Abigail McKenzie LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 21, 2017 and assigned
Florida document number L17000178160.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kenzie Kouture LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

905 SW 15TH ST

APARTMENT 306

POMPANO BEACH, FL, 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

905 SW 15TH ST

APARTMENT 306

POMPANO BEACH, FL, 33060

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Samantha McKenzie

New Registered Office Address:

905 SW 15TH ST APT 306

Enter Florida street address

POMPANO BEACH

City

Florida 33060

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Samantha McKenzie	905 SW 15TH ST	<input checked="" type="checkbox"/> Add
		APARTMENT 306	<input type="checkbox"/> Remove
		POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Change
MGR	Lorraine Johnson	2700 NW 44TH ST	<input type="checkbox"/> Add
		APT 410	<input checked="" type="checkbox"/> Remove
		OAKLAND PARK, FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated _____, _____.

~~Stenzel~~

Samantha McKenzie

Typed or printed name of signee