

L180000 18276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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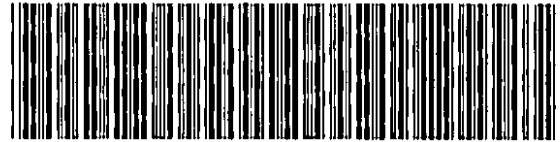


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S TALLENT

MAY 16 2019

FILED
2019 MAY 15 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FL

MLL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2019

KAREN REED-DENSON
406 TURKEY CREEK
ALACHUA, FL 32615

SUBJECT: KARE2LOVE DESIGNS LLC
Ref. Number: L18000018276

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE NOTE THAT OWNER IS NOT AN ACCEPTABLE TITLE FOR AN AUTHORIZED PERSON. SEE THE TITLES LISTED ON PAGE 2 OF 3 AND PLACE ANY CHANGES TO AUTHORIZED PERSONS THERE.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00008839

RECEIVED
2019 MAY 15 AM 11:18
TALLENT, SUSAN
REGULATORY SPECIALIST II

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kare2Love Designs 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:

Karen Reed-Denson
Name of Person

Firm/Company

406 Turkey Creek
Address

Alachua FL 32615
City/State and Zip Code

kreed70fl@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Reed-Denson at (352) 432-2122
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Kare2Love Designs 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 January 22, 2018 and assigned Florida document number L18000018276.

This amendment is submitted to amend the following:

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

Kare2Love Jewelry 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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:

New Registered Office Address:

Enter Florida street 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 appending 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~Please change my title to Owner. It is currently~~
~~shown as CEO.~~

N/A Karen Reed-Denson 5/10/19

E. Effective date, if other than the date of filing: April 17, 2019 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(b) The 90th day after the record is filed.

Dated April 15
04/15/19, 2019

Karen Reed-Denson
Signature of a member or authorized representative of a member

Karen Reed-Denson

Typed or printed name of signee