

L18 0000 26496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

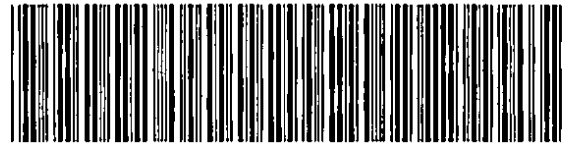
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700324408057 ✓

02/19/19--01028--012 \*\*25.00

S TALLENT

MAY 30 2019

SECURITY OF STATE  
TALLER, FL

2019 MAY 28 PM 1:58

FILED

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2019

VENIESHA WOODBURY  
KAZBURY LLC  
8668 NAVARRE PARKWAY UNIT #413  
NAVARRE, FL 32566

SUBJECT: KAZBURY LLC  
Ref. Number: L18000026496

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE PRINTOUT SHOWS THE REGISTERED AGENT AS VENIESHA CLAYTON. PLEASE SIGN THE REGISTERED AGENT SIGNATURE LINE AND IF CHANGING THE LAST NAME, PLEASE INDICATE THIS ON PAGE 2 OF 3.

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: 719A00005650

RECEIVED

2019 MAY 28 PM 2:12

REGULATORY  
SPECIALIST II  
SUSAN TALLENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2019

VENIESHA WOODBURY  
KAZBURY LLC  
7029 BRIGHTON OAKS BLVD  
NAVARRE, FL 32566

SUBJECT: KAZBURY LLC  
Ref. Number: L18000026496

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

PLEASE DATE AND SIGN AND RETURN PAGE 3 OF 3 ALONG WITH THE DOCUMENT.

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: 019A00003969

RECEIVED

2019 MAR 20 AM 10:57

CLARK  
LAHAR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KAZBURY 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:

VENIESHA WOODBURY

\_\_\_\_\_  
Name of Person

KAZBURY LLC

\_\_\_\_\_  
Firm/Company

8668 Navarre Parkway Unit #413  
\_\_\_\_\_  
Address

Navarre FL 32566  
\_\_\_\_\_  
City/State and Zip Code

KAZBURYLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VENIESHA WOODBURY

at (850) 565-9517  
\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

KAZBURY 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 1/30/2018 and assigned  
Florida document number L18000026496.

This amendment is submitted to amend the following:

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

N/A

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

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

8668 Navarre Parkway  
Unit # 413  
Navarre FL 32566

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8668 Navarre Parkway  
Unit # 413  
Navarre FL 32566

**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:

VENIESHA WOODBURY

New Registered Office Address:

8668 Navarre Parkway Unit # 413  
Enter Florida street address  
Navarre, Florida 32566  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Veniesha Woodbury	8668 Navarre Parkway	<input type="checkbox"/> Add
		Unit # 413	<input type="checkbox"/> Remove
		Navarre Fl 32566	<input checked="" type="checkbox"/> Change last Address
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Veniesha Woodbury  
8668 Navarre Parkway  
Unit #413  
Navarre FL 32566

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 3/4/2019



Signature of a member or authorized representative of a member

Veniesha Woodbury  
Typed or printed name of signer