L18000138763

(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.
W21-52929

Office Use Only



000360270190

02/19/21--01019--005 ++25.00

JUL 2 / 2021

D COMMELL



April 27, 2021

CRYSTAL MEJIA 2551 N ROCK ISLAND RD, APT211 MARGATE, FL 33063

SUBJECT: WISEKOUTURE LLC Ref. Number: L18000138763

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):

WE ONLY RECEIVED 1 PAGE OF DOCUMENT. PLEASE COMPLETE THE DOCUMENT ATTACHED.

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.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 721A00008032

www.sunbiz.org

COVER, LETTER

Division of Corporations			
SUBJECT:		KUUTURE,	LLC_
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Crystal	Mej (a Name of Person	
	wardobe	Styling Firm/Company	
		Firm/Company	-
	2551 N PO	CK ISLAND RD A	10+211_
		City/State and Zip Code	
	E-mail address: (6	1+alent@gmail.	ication)
For further information c	concerning this matter, please ca		
Cystal Name o	Mejia of Person	at (<u>ASY</u>) <u>A3A</u> Area Code Daytim	- 8007 e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction _

Division of Corporations

TO: Registration Section

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



WISEKOUTURE, 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 06/04/2013 and assigned Florida document number 18090133763.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liab</u> i	ility company here:
CRYS CASSIDY & CO, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2551 N ROCK ISLANDRO
(Principal office address MUST BE A STREET ADDRESS)	apt 211
Trincipal office and care	margate, fl 33063
	
Enter new mailing address, if applicable:	2551 N ROCK ISLAND RO
(Mailing address MAY BE A POST OFFICE BOX)	ap+211
Signing quaresy SIZET DE ATOMY OF THE BOOK	margate, FL 33063

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:

2551 N 20 CK 15 Land 20. apt. 211

Enter Florida street address

City:

Tip 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>	Address	Type of Action
	- 114	- MA	□Add
			□Remove
			□ Change
			□ Add
			Remove
			□Add
			Remove
			Change
			Remove
			□Remove
			Change
			□ Add
			□Remove
			☐Change

	N A
_	
_	
_	
_	
_	
-	
_	
-	
-	
_	
-	
_	
•	
f an ef Note:	ive date, if other than the date of filing: (optional) The 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco rd is f	d 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 led.
Dated	JUNE. 9th. 2021.
	Signature of a member or authorized representative of a member
	Cystal Melo Typed or printed name of signee