118000151958

| • |
|---|
| (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: |
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SECRETARY OF LICENSES OF DIVISION 12 PM 2: 23

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COVER LETTER

| O: Registra Division | | | | |
|-------------------------|------------|---|---|---|
| 24 F SUBJECT: | KARAT I | KLEANING | | |
| OBJECT. | | Name of Lim | ited Liability Company | |
| The enclosed Arti | icles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all c | orrespon | dence concerning this matter | to the following: | |
| | | Thomas Cayden Coates | | |
| | | | Name of Person | |
| | | 24 KARAT KLEANING | | |
| | | | Firm/Company | |
| | | 44105 Parkway Ln | | |
| | | | Address | |
| | | Altoona FL 32702 | | |
| | | ccbandit34@gmail.com | City/State and Zip Code | |
| | | E-mail address: (1 | to be used for future annual report notifi | cation) |
| For further inform | nation co | ncerning this matter, please ca | all: | |
| Thomas Cayder | n Coates | 3 | 352 4342703 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a chec | ck 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

| 24 KARAT KLEANING | |
|---|--|
| (Name of the Limited Liab (A Flori | ility Company as it now appears on our records.) ida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number L18000151958 | Company were filed on 07/20/18 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | mited liability company here: |
| | |
| he new name must be distinguishable and contain the words "Li | imited 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 ADL | DRESS) |
| | |
| | |
| nter new mailing address, if applicable: | <u></u> |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | 2 ## |
| 3. If amending the registered agent and/or regegistered agent and/or the new registered office ad | gistered office address on our records, enter the name of the no |
| | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | Enter Florida street address |
| | الارمانية الارامانية الارامانية الارامانية الارامانية الارامانية الارامانية الارامانية الارامانية الارامانية ا |
| | , Florida |

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 |
|--------------|-----------------|---------------------------------------|----------------|
| mgrm | Thomas C Coates | 44105 Parkway Ln | |
| | | Altoona FL 32702 | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
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| ective date, if o | other than the date of filing: | (optional) |
| effective date is li te: If the date in | sted, the date must be specific and cannot be prior to date of filing serted in this block does not meet the applicable statutory e date on the Department of State's records. | g or more than 90 days after filing.) Pursuant to 605.0 |
| | ies a delayed effective date, but not an effecti after the record is filed. | ive time, at 12:01 a.m. on the earlie |
| ed | 1/18 - 2 0 Mi | |
| | Sil Dian 6 / Miller | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00