L1800015588L

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
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(00	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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HAY 1 5 2021 R. HUNT

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Create Name of Lim	Estate ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Eric Bu	ichanan	<u>.</u>
	Create	Name of Person Estate	
	3976 OME	9G LN. Address	
	Sarasota	FL 34235	
	e buch anar E-mail address: (1	FL 34235 City/State and Zip Code 1972 @ 9Ma. . to be used for future annual report notifi	COM
For further information co	ncerning this matter, please ca	all:	
Eric Bu	charan	at (941) 284 Area Code Daytime	6188
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Create	Estate		
(Name of the Limited (A	Liability Company as it now appears or Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L1860015</u>	ility Company were filed on <u>4</u>	26/18 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The Kyrious Co	OMPGNY (LC Is "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicab	le:	202	
(Principal office address MUST BE A STREET)	ADDRESS)	282 3 1 1 A 2 3 3 3 4 4 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	ج. ا
		70	
Enter new mailing address, if applicable:		3	\$; <u>\$</u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	PH 2 22 0	- - -
		7 -	_
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ds, enter the name of the new regist	ered
Name of New Registered Agent:			_
New Registered Office Address:	r. 01.1		_
	Enter Florida :		
	City	, 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 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>	Type of Action
			□Add
			□ Remove
		.	□Change
			□Add
			Петюче
			Change
			□Add
			□ Remove
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			□ Remove
		□Change	
		□Add	
		□ Remove	
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1	tive 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) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
the record ord is file	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 d.
Dated _	February 27. 2021.
	Signature of a member or authorized representative of a member
	Enc Buchanan
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00