# L18000272777

(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:
RASignature





600380789806

TILED 2021 FEB 25 AM 6: 36 SEGRETARY OF STATE

A. BUTLER MAR - 4 2022



## FLORIDA DEPARTMENT OF STATE Division of Corporations

### RECEIVED

2022 FEB 25 AM 8: 15

SECRETARY OF STATE TALLAHASSEE, FL

February 14, 2022

CHARLES R QUESENBERRY 3925 58TH CIRCLE VERO BEACH, FL 32966

SUBJECT: THE KINDRED KILTS, LLC

Ref. Number: L18000272777

We have received your document for THE KINDRED KILTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 322A00003568

FORM Signed 2-20122 CROWSEN BROW

www.sunbiz.org

#### COVER LETTER

TO: Re	gistration Sec	tion	• • • • • • • • • • • • • • • • • • •	* #	• .
	vision of Corp				•
	The Kindred	l V ilte		\$1.	•
SUBJECT:			5. 4.4.7.4.19		_
		Name of Lim	ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspon	idence concerning this matter	to the following:		
		Charles R Quesenberry			
		<del></del>	Name of Person		
		The Kindred Kilts			
			Firm/Company		
		3925 58th Circle			
		M	Address		
		Vero Beach			
			City/State and Zip Code		_
		charliequ2@gmail.com E-mail address: (1	to be used for future annual i	report potification)	_
For further i	nformation co	ncerning this matter, please ca		,	
Charles R (	)uesenberry		772 696	52515	
	Name of	Person	Area Code	Daytime Telephone Num	iber
Enclosed is	a check for the	following amount:			
<b>■</b> \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certif losed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
M	iiling Address	:	Street Ad	ldress:	
	gistration Se			ition Section	
	vision of Co			of Corporations	

Division of Corporations 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 QF ORGANIZATION **OF**

FILED

The Kindred Kilts

2021 FEB 25 AM 6: 36

	a Limited Liability	Company)	TALLA	ARY OF STATE MASSEE, FL
he Articles of Organization for this Limited Liability C				
orida document number L18000272777				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the lim	ited liability co	npany here:		
harlieQ Music, LLC				
e new name must be distinguishable and contain the words "Lim	nited Liability Comp	pany," the designat	ion "LLC" or the c	ibbreviation "L,L,C,"
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDI	RESS) 3925	58th Circle		
	Vero	Beach, FL 32966	)	
failing address MAY BE A POST OFFICE BOX)				
gent and/or the new registered office address here:		on our records	s, enter the nai	ne of the new regis
Name of New Registered Agent:  Charle	es R Quesenberry	on our records	s, enter the nai	ne of the new regist
Name of New Registered Agent:  Charle				me of the new regist
Name of New Registered Agent:  New Registered Office Address:  Charles  Charles	es R Quesenberry	on our records	et address	
Name of New Registered Agent.	es R Quesenberry	Enter Florida stre		

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>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	[]Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□ Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change

						<del></del>	
_							
					•••		
_		<u></u>					
		<del></del>					
					-	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	·				
****				_,			
		<u></u>	<u>-</u>				
_		<del>.</del>					<del></del>
			<u>-</u> 1-			·	<del></del>
		· · · · · · · · · · · · · · · · · · ·					
ffoctive	e date, if other than t	ha data of G	lin			(ontional)	
an effect <u>ote:</u> If	the date is listed, the date rate date is listed in this it's effective date on the	must be specific block does n	and cannot be pi of meet the app	rior to date of filing dicable statutory	g or more than 90	days after filing.) F	tursuant to 605,0207 (ill not be listed as t
record s	specifies a delayed effec I.	ctive date, but	not an effectiv	e time, at 12:01	a.m. on the earl	lier of: (b) The	90th day after the
ated	315av 200	22	<u>202</u>	2.			
	<u>Grewits</u>	Signature of	) 532 / 543/4 of a member or ac	uthorized represen	itative of a memb	er	

Filing Fee: \$25.00