

L18000278951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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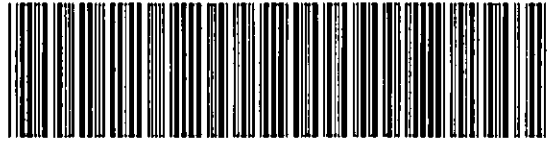
(Business Entity Name)

(Document Number)

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09/17/21--01004--013 \*\*25.00

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9/29/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KANDAKA TOUCH LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CANDACE LESLIE

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

KANDAKA TOUCH LLC

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

5792 SOUTH 38TH STREET

\_\_\_\_\_  
Address

GREENACRES, FL 33463

\_\_\_\_\_  
City/State and Zip Code

KANDAKATOUCH@GMAIL.COM

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

For further information concerning this matter, please call:

CANDACE LESLIE

954

399-2753

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check 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 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**

KANDAKA TOUCH 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 SEPTEMBER 14, 2021 and assigned Florida document number L18000278951.

This amendment is submitted to amend the following:

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

BLU LIGHT HOLDING LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

501 East Las Olas Blvd

Suite 200 and 300

Fort Lauderdale, FL 33301

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

**(Mailing address MAY BE A POST OFFICE BOX)**

501 East Las Olas Blvd

Suite 200 and 300

Fort Lauderdale, FL 33301

**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:

501 East Las Olas Blvd, Suite 200 and 300

*Enter Florida street address*

Fort Lauderdale

*City*

Florida 33301

*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/AM	CANDACE LESLIE	501 East Las Olas Blvd.,	<input type="checkbox"/> Add
		Suite 200 and 300.	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change
MGR/AM	ALSTON LESLIE	501 East Las Olas Blvd.,	<input type="checkbox"/> Add
		Suite 200 and 300	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change
AMBR	JAIKELL LESLIE		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAIKARI LESLIE		<input type="checkbox"/> Add
			<input checked="" 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

[illegible]

(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)

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.

  
Signature of a member of author

CANDACE LESLIE

Typed or printed name of signee

**Filing Fee: \$25.00**