## L19 0000 3KLA



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## **COVER LETTER**

.

TO: Registration Se Division of Corp			
SQ SHOES	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KIMBERLYN M MONTI	LVA	
		Name of Person	-
	SQ SHOES LLC		
		Firm/Company	
	1560 NE 118TH TER		
		Address	
	MIAMI, FL, 33161		
		City/State and Zip Code	
	KIMBERLYN, MONTILVA	AS@GMAIL.COM to be used for future annual report noti	iffication)
			incation)
For further information c	oncerning this matter, please c	all:	
KIMBERLYN MONTIL	.VA	786 914-7751 at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L19000031669	were filed on January 30th, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
KIMILAN LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2024 MA
Inter new mailing address, if applicable:		20 P
Mailing address MAY BE A POST OFFICE BOX)		I III
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City , Fiorida _	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

20 20022 11 2

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
<del></del>			
			□Remove
			□Change
		<u></u>	□Add
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			Remove
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effec	tive date, if other than the date of filing: (optional)
rote:	fective 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 the nent's effective date on the Department of State's records.
е гесо	rd 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
rd is f	iled.
Dated	April 18th, 2024.

KIMBERI VN M MONTH VA