# L19000042319

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			





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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration So Division of Co			
Krystal Ch	arlie 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	ondence concerning this matter	to the following:	
	Krystal Wright		
		Name of Person	
	Krystal Charlie LLC		
		Firm/Company	
	252 nw 29th street 9th Flor	ог	
	<del>_</del>	Address	
	Miami, FL 33127		
	Krystalcharlie@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Krystal Wright		305 504-3983	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

2024 OCT -4 PM 2: 08 SECRAȚARY OF STATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_\_

Page 1 of 3

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
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		SEE, FL	□ Remove

# Page 2 of 3

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Effective date, if other than the date of filing: (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	onal)	107 (1
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12:01 a  The 90th day after the record is filed.	ı.m. on the earlier	of:
, , , , , , , , , , , , , , , , , , , ,		
	2024 O SECK TALL	en y
	2024 OCT - SECKLIA TALLAH	and the second
	2024 OCT -4   SECKLIAS Y I	1
Dated September 26, 2024.  **Signature of a member or authorized representative of a member Krystal Wright	2024 OCT -4 PM 2: SECKLIASY OF STA	

Page 3 of 3

Filing Fee: \$25.00