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(Document Number)
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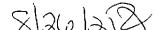




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COVER LETTER

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SUBJECT		eations and Services, LLC		1
o c boix, i	•	Name of Lir	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		Daphney Frage Louis		
			Name of Person	
		Kaylaz Creations and Serv	vices, LLC	
			Firm/Company	
		8403 Pines Blvd, #1135		
			Address	
		Pembroke Pines, FL 3302	4	
		louisdaphney1@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please c	all:	
Daphney Fi	rage Louis		786 613-0505	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne 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)
Ma	iling Addres	s;	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Kaylaz Creations and Services, 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 02/19/2019 and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8403 Pines Blvd #1135 Enter new principal offices address, if applicable: Pembroke Pines, FL 33024 (Principal office address MUST BE A STREET ADDRESS) 8403 Pines Blvd, #1135 Enter new mailing address, if applicable: Pembroke Pines, FL 33024 (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

. Florida

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
			□Remove
			CChange
			□Add
			□Change
			□Add
			□ Remove
			Change
			
			□ Remove
			__Add
			□Remove

	ed Agent Address: 8403 Pines Blvd, #1135, Pembroke Pines, FL 33024
Authoriz	ed Person(s) Detail Address: 8403 Pines Blvd, #1135, Pembroke Pines, FL 33024
-	
ctive date,	if other than the date of filing: (optional)
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 605.02 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
ument's effe	ctive date on the Department of State's records.
ord specifie filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
d Au	Signature of a member of a member of a member.
	Allaria
	Signature of a member or authorized representative of a member
	2024m - 1 6216
	DAPHNEY FRAGE LOUIS Typed or printed name of signee

Filing Fee: \$25.00