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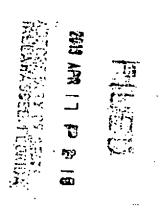
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# **COVER LETTER**

TO: Registration Section
SUBJECT: Kloset Kollection LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherrida Burton Name of Person
Kloset Kollection LLC
11931 NW 31 ST
Address
Ounrise H - 33323
SunRise F1 - 33323  City/State and Zip Code  Sherrica Buston a grail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherricla Burron at T54) 244-9775  Name of Person at T54) 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, Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Kloset Koll	ection	hhc	- mar 100 17 @ 8 15
( <u>Name of the Limited Liabi</u> (A Florid	da Limited Liability Compa	opears on our record any)	DS. TOTAL OF THE PARTY OF THE P
The Articles of Organization for this Limited Liability Florida document number 19000656	• •	<u>, 03-07</u>	A same assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim  HOUSE OF SHER!  The new name must be distinguishable and contain the words "Lin	LI ADIS		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		s on our record	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street addre.	
		, Fi	lorida
	City		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>	Type of Action
			• •Add
			• •Change
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		<del></del>	• Remove
			• Change
			• •Add
			• •Remove
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			• •Add
			• •Remove
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). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del>	<del></del>
(If an effect Note: If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; Our day after the record is filed.
Dated	04.09.19
	July Bull
	Signature of a member or authorized representative of a member  SHERBIDA BULTON

Typed or printed name of signee