

L19 0000 72003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

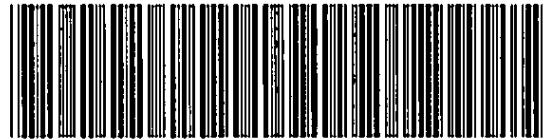
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2020 JUN 25 PM 7:26

JUN 26 2020

S. YOUNG

June 23, 2020

Registration Section
Division of Corporations
Attn: Sheila Young
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

Subject: KULTURAL COUTURE, LLC
Ref. Number: L19000072003
Letter Number: 420A00011498

Please see attached, the corrected form to amend the status of the above named company. If you have any questions or concerns, please do not hesitate to call me.

Sincerely,

Chrystal Truesdell

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kultural Couture, 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:

Chrystal Truesdell

Name of Person

Kultural Couture, LLC

Firm/Company

P.O. Box 6327
604 Banyan Hill

Address

Tallahassee, FL 32314-0001

City/State and Zip Code

KulturalCoutureLLC@gmail.com

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

For further information concerning this matter, please call:

Chrystal Truesdell

470

733-2012

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Amended Certificate of 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 March 14, 2019 and assigned
Florida document number L19000072003.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Apt 803

6502 S. MAGNOLIA TER

Deer Run FL 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 81253

DEER RUN FL

Deer Run FL 33496

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:

Crystal Truesdell

New Registered Office Address:

6502 S. MAGNOLIA TER

Enter Florida street address

Deer Run FL

Florida

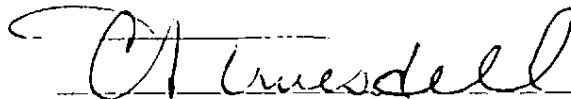
33496

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>	<u>Type of Action</u>
MGR	Kimberly Pippin		<input type="checkbox"/> Add
		2919 Royal Palm Way	
		Tallahassee FL 32309	<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
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			<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:

Dated June 23, 2020

Amesdel

Chrystal A. Truesdell

Typed or printed name of signee