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JUN 2 8 2019

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	HLONI AMON'E Name of Limited Liability	Company Company	
	Amendment and fee(s) are submitted for footnote concerning this matter to the follo  AKINS AHOXIS  Name  KHLONI AMOY	-	TALLAHASSEE, FLORIGA
	4365 SW 10th  A  Deer Field bed City/State	Company  Olace  deress  FL 331  and Zip Code	<del>142</del>
Robinson	oncerning this matter, please call:	954 856-78  Area Code Daytime Telep	hone Number
Enclosed is a check for t	\$30.00 Filing Fee & S55.0 Certificate of Status Cert	00 Filing Fee & tified Copy tional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Robinson Name of	E-mail address: (to be used for oncerning this matter, please call:  Person  at (  Person  at (  S30.00 Filing Fee &   Certificate of Status  Certificate Certific	The Area Code Daytime Telepoor Filing Fee & Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy

### 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

Khloni Amore 1	LC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number LIGOCOGS49.	were filed on $\frac{4/5/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	N/A B T
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:	N/A
·	Enter Florida street address
_N/A	, Florida

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> **Type of Action** Name 1 □ Add Alexis D AKINS \_□ Change □ Add Remove Remove ☐ Change □ Remove □ Change D Add \_□ Remove \_□ Change \_ 🗆 Add □ Remove \_□ Change

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Filing Fee: \$25.00