

L190000 95491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

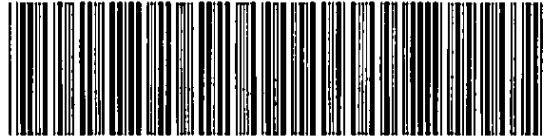
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 14 A 8:50
FALLAHUSSEIN, FI CRINA

D SCOTT

JUN 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KHLoni Amor'E 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:

AKins, Alexis.D
Name of Person

KHLoni Amor'E LLC
Firm/Company

4365 SW 10th place
Address

Deerfield beach, FL 33442
City/State and Zip Code

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

For further information concerning this matter, please call:

Robinson, Danielle at 954 856-7888
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

FILED
2019 JUN 14 A 8:50
TALLAHASSEE, FLORIDA

Khloni Amore LLC

The Articles of Organization for this Limited Liability Company were filed on 4/5/2019 and assigned
Florida document number L19000095491

N/A

N/A

N/A

N/A

N/A

N/A

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
		Alexis D AKINS	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JUN 14 A 8 50
FALL ANGELES, FLORIDA

(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:

(b) The 90th day after the record is filed.

Dated 6/10/2017

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member
 Danielle Robinson
 Typed or printed name of signer