

L190000 99807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



06/14/19--01017--016 **25.00

000330244560

R WHITE
JUN 25 2019

2019 JUN 14 PM 12:52

5:11:30

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Kava Nirvana 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:

Laura Rasmussen

Name of Person

Kava Nirvana LLC

Firm/Company

12995 South Cleaveland Ave. #103A

Address

Fort Myers, Florida 33907

City/State and Zip Code

kavanirvana@gmail.com

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

For further information concerning this matter, please call:

Laura Rasmussen

Name of Person

at (763 245-2995

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**

Kava Nirvana LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JUN 14 PM 12:52

The Articles of Organization for this Limited Liability Company were filed on 4/22/2019 and assigned Florida document number L19000099807.

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)

Kava Nirvana LLC

12995 South Cleaveland Ave. #103A

Fort Myers, Florida 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Kava Nirvana LLC

Laura Rasmussen

2915 Winkler Ave #819 Fort Myers FL 33916

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Bill Havre Registered Agents Inc.

New Registered Office Address:

7901 4th St. N STE #300

Enter Florida street address

St. Petersburg

City

Florida

33702

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 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 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.

Bill Havre

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>
Owner AMBR	Laura Rasmussen	2915 Winkler Ave #819 Fort Myers FL 33916	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
RA	Jacquelyn Shantel Jilani	Remove	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
RA	Bill Havre Registered Agents Inc.	7901 4th St. N STE #300 Saint Petersburg 33702	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <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 <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Previous application did not have owner of Kava
Nirvana LLC, Laura Rasmussen. Please add.

Assignment of new Agent of record and removal of
prior.

Business address added

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6/12/2019


Signature of a member or authorized representative of a member

Laura Rasmussen

Typed or printed name of signee