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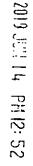
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ccr:k	Kava Nirvana LLC		
		Name of Lim	nited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Laur	ra Rasmussen	
			Name of Person	
		K	ava Nirvana LLC	
			Firm/Company	
		12995 South C	leaveland Ave. #103A	
			Address	
		Fort Mye	ers, Florida 33907	
			City/State and Zip Code	
			rvana@gmail.com to be used for future annual report notif	instins
Ear for	her information as		•	(Cation)
roi lun	ner information co	oncerning this matter, please c	an;	
Lau	ıra Rasmus		at (763_245-2995	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	Status & Certificate of Status &
X			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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



		2019 JUN 14 PH 12: 52
1 147 4 1 1 1 1	rvana LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records,)
The Articles of Organization for this Limited Liability Compar	ny were filed on4/22/2	019 and assigned
Florida document number <u>L19000099807</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lig	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Kave Narvana LLC	
(Principal office address MUST BE A STREET ADDRESS)	12995_South_Cleavel	and Ave. #103A
	Fort Myers, Florida 33	907
Enter new mailing address, if applicable:	Kava Nimena LLC	
(Mailing address MAY BE A POST OFFICE BOX)	Laura R	25mussen
	2915 Winkler Ave #81	9 Fort Myers FL 33916
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the
Name of New Registered Agent:Bill Havre_Reg	gistered Agents Inc	
New Registered Office Address: 7901 4th St. N	STE #300 Enter Florida st	reet address
	St. Petersburg	, Florida 33702
	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 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.

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>	Address	Type of Action
Owner AMOR	Laura Rasmussen	2915 Winkler Ave #819 Fort Myers FL 33916	Add
			□ Remove
			Change
<u>RA</u> ,	Jacquelyn_Shantel_Jilani	Remove	Add
			⊠ Remove
			Change
RA	Bill Havre Registered Ag	gents Inc.	■ Add
		7901 4th St. N STE #300	Remove
		Saint Petersburg 33702	Change
			Add
			⊠ Remove
			□ Change
			
			Remove
			Change
			Add
			Remove
			☐ Change

D. If amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
Previo	ous application did not have owner of Kava
Nirvai	na LLC, Laura Rasmussen. Please add.
Ass	signment of new Agent of record and removal of
prio	ır.
Buir	ness_address_added
-	
 	
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(If an effective date is Note: If the date	other than the date of filing:(optional) ilisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
If the record spec (b) The 90th day	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated 6/12	2/2019 Dun 1
	Signature of a member or authorized representative of a member
	Laura Rasmussen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00