

L19000265630

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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A. PARISHANI

OCT 01 2023

COVER LETTER

O: Registration Section¹
Division of Corporations

UBJECT: KRISTALS TAMPA LLC

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

LIEL KEDMI

Name of Person

KRISTALS TAMPA LLC

Firm/Company

4512 W PRICE AVE

Address

TAMPA, FL 33611

City/State and Zip Code

KRISTALSTAMPA@GMAIL.COM

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

or further information concerning this matter, please call:

IEL KEDMI

Name of Person

1 808-699-4479
at ()

Area Code

Daytime Telephone Number

nclosed 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

his amendment is submitted to amend the following:

'ONE

NONE

NONE

NONE

NONE

Florida

Zip Code**If Changing Registered Agent, Signature of New Registered Agent**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMBER	LIEL KEDMI	31368 PALM SONG PL	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33545	<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

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

NONE

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. Effective date, if other than the date of filing: 09/16/2023 (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)(b)
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.

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 SEPTEMBER 15, 2023

Liel

Signature of a member or authorized representative of a member

LIEL KEDMI

Typed or printed name of signer