L19000302609

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





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B/17/21

COVER LETTER

	tration Sec ion of Corp			
	KCKREATI	ONS, LLC	. •	
SUBJECT: _		Name of Lim	nited Liability Company	<u> </u>
The enclosed A	Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return a	II correspon	dence concerning this matter	to the following:	
		Jequisha Williams		
		1	Name of Person	
		KCKREATIONS LLC		
			Firm/Company	
		3710A Rockbrook Dr		
		-	Address	
		Tallahassee, FL 32311		
		kekreations83@gmail.com	City/State and Zip Code	
		=	to be used for future annual report notificat	ion)
For further info	ormation co	ncerning this matter, please c	all:	
Jequisha Willi	ams		352 999-1311 at ()	
	Name of	Person		lephone Number
Enclosed is a c	heck for the	following amount:		
\$25.00 Fil	ing 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)
Regi: Divis P.O.	ng Address: stration Sesion of Co Box 6327 hassee, Fl	ection orporations	Street Address: Registration Section Division of Corpor The Centre of Talls 2415 N. Monroe Si Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KCKREATIONS LLC

(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L19000302609	iability Company	were filed on 12	/19/2019	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the d	esignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1563 Capital Circle SE		
(Principal office address MUST BE A STREE	ET ADDRESS)	Tallahassee, FL	. 32301	20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or ragent and/or the new registered office address.	egistered office :		32301	name of the new registered
Name of New Registered Agent:		<u>-</u>		
New Registered Office Address:	1563 Capital C		ida street address	
	Tallahassee	Enter Pior		22201
	Tananassee	City	, Florida	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:	ŕ		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	d agent and agr er and complete stered agent as p registered office	ee to act in this of performance of provided for in C	my duties, and La Thapter 605, F.S. (m familiar with and Or, if this document is

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
	-		□ Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other than in effective date is listed, the date	the date of filir	ng:		(ор	otional)
n effective date is listed, the date oter. If the date inserted in this	must be specific ar s block does not	id cannot be prior to meet the applicab	date of filing or n de statutory filin	nore than 90 days at	ter filing.) Pursuant to 605.020 his date will not be listed a
cument's effective date on the	Department of	State's records.		g requirements, t	ms dire will not be listed a
ecord specifies a delayed effe	ctive date, but no	ot an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day after the
is filed.					
12		rx. ·			
ted		December	_ •		
ted 12		December	<u>.</u> ·		
ted	1	December member or authori			1

EU B CATA

352 999 1311 (personal) 850 597 4857 (business)

Return Address (business) 1563 Capital Circle SE Tallahassee, FL 32301

Registered Agent Update

I, Jequisha Williams am familiar with and accepts the obligations of the position of the Registered Agent title for KCKREATIONS LLC.

Signature

Date: 1//

2021 JAN 11 PH 1:1