

L19000304572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

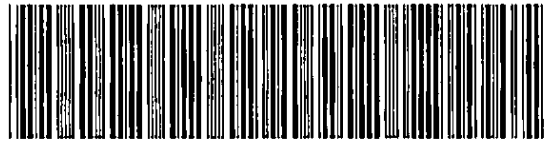
(Business Entity Name)

(Document Number)

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R. WHITE  
APR 29 2020

2020 APR 17 11:08:23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Kollys Kloset 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:

Tequika Austin

Name of Person

Kollys Kloset LLC

Firm/Company

265 S. Federal Hwy Ste 105

Address

Deerfield Beach FL 33441

City/State and Zip Code

Kollyskloset@gmail.com

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

For further information concerning this matter, please call:

Tequika Austin

Name of Person

at

786

Area Code

973-2492

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 Address:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Kollys Kiozet LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/16/19 and assigned  
Florida document number L19000304572

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kollys Kiozet LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

265 S Federal Hwy #105  
Deerfield Beach FL 33441

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

265 S Federal Hwy #105  
Deerfield Beach FL 33441

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

Name of New Registered Agent:

Tequika Austin

New Registered Office Address:

265 S Federal Hwy #105

Enter Florida street address

Deerfield Beach, Florida 33441

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 the 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 is 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.



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>
CEO	Tequila Austin	205 S Federal Hwy #105	<input type="checkbox"/> Add
		Deerfield Beach FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Tequika Austin	205 S Federal Hwy #105	<input checked="" type="checkbox"/> Add
		Deerfield Beach FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Nikol Borches	205 S Federal Hwy #105	<input checked="" type="checkbox"/> Add
		Deerfield Beach FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)

My first name was spelled incorrectly  
therefore I'm submitting the change for  
banking purposes.

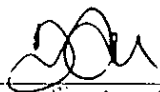
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)(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.

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 April 1, 2020.



Signature of a member or authorized representative of a member

Tequila Austin

Typed or printed name of signee