

L20000031407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

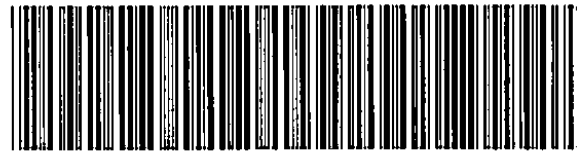
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2020 JUN 18 AM 8:07

AUG 04 2020

S. YOUNG

TO: Registration Section
Division of Corporations

SUBJECT: KREADIV CONSULTING, 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:

LESTER SMITH

Name of Person

KREADIV CONSULTING, LLC

Firm Company

1389 7TH STREET

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

VALERIEDENISE70@GMAIL.COM

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

For further information concerning this matter, please call:

LESTER SMITH

561

460-0645

at ()

Name of Person

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 Address:

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

TO
**ARTICLES OF ORGANIZATION
OF**

KREADIV CONSULTING, 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 01/24/2020 and assign

Florida document number 120000031407.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	ROSLYN SATCHEL	4009 SHELLEY RD N. WEST PALM BCH. 33407	☒ Add
			☐ Remo
			☐ Chang
AMBR	TIJAN REDMON	24344 BAXTER DRIVE, MALIBU, CA 90265	☒ Add
			☐ Remo
			☐ Chang
			☐ Add
			☐ Remo
			☐ Chang
			☐ Add
			☐ Remo
			☐ Chang
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			☐ Add
			☐ Remo
			☐ Chang

[illegible]

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 605.02

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 it record is filed.

Smith-Lester Co.

Signature of a member of authorized representatives of a institution

Typed or printed name of signer

Filing Fee: \$25.00