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SECRETARY OF STATE

Ch 21 12,22

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Kristen Am	ne Lopez LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristen Anne Sheldon		
		Name of Person	
		Firm/Company	
	10915 127th Ave	Address  FI 33778  City/State and Zip Code	
		Address	
	Largo, Fl 33 <b>77</b> 8		
		City/State and Zip Code	
	krease@aol.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Kristen Sheldon		727 204-7892	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se	
Division of C	Corporations	Division of Co	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Kristen Anne Lopez LLC

2022 FEB 22 AM 8: 31

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our r	SECRETATION OF OTATE
(Name of the Limited Liability Company (A Florida Limited Lia		TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company w	ere filed on $\frac{01/27/2020}{}$	and assigned
Florida document number 1.20000033059		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Kristen Anne Sheldon LLC		
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:	<del>.</del>	
(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 adagent and/or the new registered office address here:	dress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uldress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dutie ovided for in Chapter (	es, and I am familiar with and 605, F.S. 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
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