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Amend

Juli (1) 2020

I ALBRITTON

## **COVER LETTER**

TO:	Registration Se Division of Cor			
etto ti	CCT.	kuudose, LL	c	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Daniell	le Payton	
			Name of Person	
		kuudose, lle		
			Firm/Company	<del>.</del>
		3525 Palmetto A		
			Address	
		Miar	ni, FL 33133	
		danielle@ku	City/State and Zip Code audose.co	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please c	all:	
	Daniel	le Payton	411 (	992-1590
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for the	he following amount:		
_	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	·s:	Street Address:	
	Registration !	Section	Registration Sec	
	<ul><li>Division of C</li><li>P.O. Box 632</li></ul>		Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(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 Compa	ny were filed on	March 18, 2020	and assigned
Florida document numberL20000084940			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
			201
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		5
			ف ف
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our r	ecords, <u>enter the nan</u>	<u>ie of the new registero</u> نات
agent and on the new registered office address never.			-
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		. Florida	
			Zıp Code

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

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>	Type of Action
<u>Manager</u>	Kiara Horwitz	2 N. 6th Street, Apartment 23B Brooklyn, NY 11249	
			[] Remove
			Change
			□Add
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. II amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	if other than the date of filing: May 1, 2020 (entional)	
(If an effective date Note: If the date	if other than the date of filing:	
the record specific ford is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	5/11/20	
	Pejar	
	Signature of a member or authorized representative of a member	
	Danielle Payton	
	Typed or printed name of signee	

Filing Fee: \$25.00