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(Requestor's Name)
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# Tina Thompson

348 CR 542E, Bushnell, Fl 33513 | 727-364-4663 | kafusion7@gmail.com

12/19/2021

Florida Department of State
Division of Corporations
P.O Box 6327, Tallahassee, Fl 32314

#### **Dear Florida Department of State:**

I am sending this document to change the name of our current Limited Liability Company. Please reach out if there is any additional information needed to the contact information listed above.

Sincerely,

**Tina Thompson** 

Owner

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Ka-Fusion	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tina Thompson		
		Name of Person	
	<del></del>	Firm/Company	
	348 CR 542E	TimeCompany	
		Address	<del></del>
	Bushnell, Fl 33513		
		City/State and Zip Code	
	Kafusion7@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all;	
Tina Thompson		727 364-4663	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres	<u>s:</u>	Street Address:	
Registration 5	Section	Registration Sec	
Division of C	•	Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J

Zip Code

	OF	2011[772]	1., 4. 60
Ka-Fusion LLC		•	ĨĒ.
Ka-Fusion LLC  (Name of the Limited Liability Comp. (A Florida Limited)	lany as it now appears on our re ( Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L20000093541}{L20000093541}$ .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Driftwood Vacation Rentals LLC			
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation	"LLC" or the abbrev	riation "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 agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of	the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street at	ddrexs	
		. Florida	

#### 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.

City

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>	Name	Address	Type of Action
			□Add
			Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	[] Change
			□Add
			□ Remove
			Cl Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be ock does not meet the a	applicable statutory fili	optiona (optiona) more than 90 days after filir ng requirements, this da	eg.) Pursuant to 605,020
ne record specifies a delayed effective ord is filed.	e date, but not an effec	tive time, at 12:01 a.m.	on the earlier of: (b)	Fhe 90th day after the
Dated December 19	2021	·		
		-		
		/// /		
<del></del>	Signature of a member of	amborized representative	e of a member	<del></del>