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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Co	rporations		
Caitlin Eliz	zabeth Kizer LLC		
SUBJECT:			
<del></del>		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Caitlin Kizer		
		Name of Person	<del></del>
	Caitlin Elizabeth Kizer LL	C	
		Firm/Company	
	4072 Dunraven lane		
		Address	<del></del>
	Jacksonville, FL 32223		
	caitlinkizer@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notificati	on)
For further information c	oncerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
Caitlin Kizer		904 412-7797	STORY OF THE PROPERTY OF THE P
<del></del>	<u> </u>	at ()	ephone Number
Name o	f Person	Area Code Daytime Tel	ephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

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

Caitlin Elizabeth Kizer LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200009918(a</u> .	110	2020 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4072 Dunraven Lane	6.3
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32223	
		UI
Enter new mailing address, if applicable:	4072 Dunraven Lane	- 1
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32223	
		100 65
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ens
	r	March In
<del></del>	Cuy:	SloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		

## Δ

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>	Address	Type of Action
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			□Remove
			□Change
			🗀 Add
			□Remove
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<b>Effective date, if other than the</b> an effective date is listed, the date must be determined in this bis ocument's effective date on the D	ock does not meet the app	olicable statutory filii	optio nore than 90 days after ng requirements, this	<b>nal)</b> filing.) Pursua. date will no	nt to 605.020 t be listed a
ecord specifies a delayed effectivis is filed.	e date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th c	lay after the
October 8th	2021	·			
		$\overline{1}$			
	Signature of a member or a		of a member		