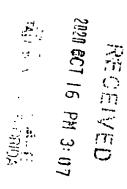
L20000117924

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer.
Office Use Only



300353625703

10/19/20--01001--012 ***25.00



OCT 1 9 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ashe Kalon 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:
Ashley K. Desinor Name of Person
First Company
770 Appleyard Deve Apt 14.A
Tallahassee 7L 32304 City/State and Zip Code
ashle icles mor 6 a grant. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AShley V Desmor at (786) 234-4376 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sa0.00 Filin

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7.200. 13 77 9:45

HShe Kalon LLC (Name of the Limited Liability	y Company as it now appears on e Limited Liability Company)	our records.)
(A Florida l	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000 1179</u>	ompany were filed on <u>Mo</u>	1,2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	ttion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet 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 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 Type of Action Address Title Name 875 sw 6th Coupt DAdd

7Locida City, 7L 33034 Remove AMBR Ashley K. Desince _____ Change ______ □Remove _____ □Change _____ □Remove □Change ______ Remove _____ □Remove ______ □Change ___ Remove _____ Change

		ाइंड कि	15 6:1.6	
		-	,	
_				
_				
_				
_			——————————————————————————————————————	
_				
_				
_				
_				
_				
_				
_				
_				
_				
	·			
_	*			
an effe <u>ote:</u>	ive date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be prior to date of filing or me. If the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	ore than 90 days af	tional) ier filing.) Pursuant to 605. his date will not be liste	.0201 ad as
recore is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. t led.	on the earlier of:	(b) The 90th day after	r the
ated _	10/16/20.			
	Signature of a member of authorized representative			
	1 3 1 フセム 11 (ひ)			
	Signature of a member or authorized representative	of a member		