

L200000 210349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

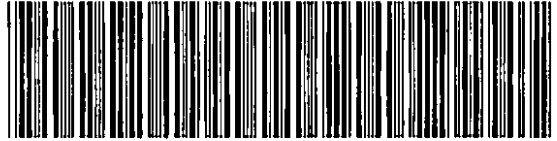
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21 MAR 12 PM 12:30

CLERK OF STATE  
DIVISION OF CORP. REGISTRATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VAEH & DESI'S KREATIONZ LLC  
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:

DONNETTA SCOTT  
Name of Person  
VAEH & DESI'S KREATIONZ LLC  
Firm/Company  
1271 THERESA STREET SE  
Address  
PALM BAY, FL 32909  
City/State and Zip Code  
v.dkreationz@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNETTA SCOTT 321 594-3994  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

21 MAR 12 PM 12:38

VEAH & DESI'S KREATIONZ LLC

(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 Company were filed on JULY 20, 2020 and assigned  
Florida document number L20000210349.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

FL 110  
CLERK OF THE COUNTY OF ST. JOHNS  
21 MAR 12 PM 12:39

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>	<u>Type of Action</u>
AMBR	DONNETTA SCOTT	2615 PALM PLACE DRIVE	<input checked="" type="checkbox"/> Add
		PALM BAY, FL 32905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	RODERICK HADLEY	1471 FLORIDA AVE	<input type="checkbox"/> Add
		PALM BAY, FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAE'GLORIA JOHNSON	2615 PALM PLACE DRIVE	<input type="checkbox"/> Add
		PALM BAY, FL 32905	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KE'TREVAIN JORDAN	2615 PALM PLACE DRIVE	<input type="checkbox"/> Add
		PALM BAY, FL 32905	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KAI'TRAIL SCOTT	2615 PALM PLACE DRIVE	<input type="checkbox"/> Add
		PALM BAY, FL 32905	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee

**Filing Fee: \$25.00**