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11/03/20--01019--002 **25.00

FILED 2020 NOV -3 AHII: 52

12/11/20

. . . COVER LETTER

SUBJECT: SMASHEDBYKESH 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: KECHLINE HIPPOLYTE Name of Person SMASHEDBYKESH LLC Firm/Company 8114 NW 75TH AVE Address TAMARAC FL,33321 City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
Please return all correspondence concerning this matter to the following: KECHLINE HIPPOLYTE Name of Person SMASHEDBYKESH LLC Firm/Company 8114 NW 75TH AVE Address TAMARAC FL,33321 City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
Name of Person SMASHEDBYKESH LLC Firm/Company 8114 NW 75TH AVE Address TAMARAC FL,33321 City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
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SMASHEDBYKESH LLC Firm/Company 8114 NW 75TH AVE Address TAMARAC FL,33321 City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
Firm/Company 8114 NW 75TH AVE Address TAMARAC FL,33321 City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
Address TAMARAC FL,33321 City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
Address TAMARAC FL,33321 City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
City/State and Zip Code HIPPOLYTE.KECHLINE@GMAIL.COM
HIPPOLYTE.KECHLINE@GMAIL.COM
——————————————————————————————————————
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KECHLINE HIPPOLYTE 954 2630003 at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMASHEDBYKESH LLC			
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on o d Liability Company)	our records.	
The Articles of Organization for this Limited Liability Compan Florida document number L20000230558	ny were filed on SMASH		_ and assigned
This amendment is submitted to amend the following:		2020 NOV - 3	
A. If amending name, enter the new name of the limited lia		Je	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designa	,	<u></u>
Enter new principal offices address, if applicable:			<u>"</u>
(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:	e address on our record	ds, enter the name o	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida su	reet address	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
·	Citv	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•		,
			a south set als
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my a	hities, and I am fan	niliar with and

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

MGR KECHLINE HIPPOLYTE \$114 NW 75TH AVE TAMARAC FL.33321 Remove Remov	<u>Title</u>	Name	Address	Type of Action
Change C	MGR	KECHLINE HIPPOLYTE	8114 NW 75TH AVE TAMARAC FL,33321	= Add
Change				□Remove
Change				20 Change
Change C				NO PAUL 1
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than e: If the date inserted in this block does not meet the applicable statutory filing requi ument's effective date on the Department of State's records.	90 days after filing.) Pursuant to 605.6 rements, this date will not be liste
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the confided.	earlier of: (b) The 90th day after
ed OCTOBER 2	
Signature of a member or authorized representative of a me	ember