

L20000276447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

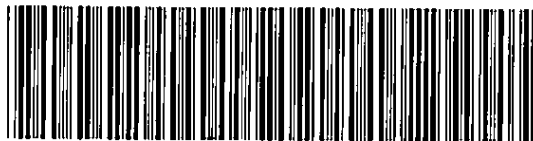
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2020 DEC 14 PM 3:27

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2020 DEC 14 AM 10:01

Sub. 1740 STATE
TALLAHASSEE FL 32309

STIRKCE

DEC 11 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. KAMAU AND ENTERPRISES LLC
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ INC

☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign
☐ Limited Partnership
☐ Reinstatement

☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAMAU AND ENTERPRISES 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:

KAMAU A SUTTLES

Name of Person

KAMAU AND ENTERPRISES LLC

Firm/Company

3479 NE 163rd ST Unit # 1021

Address

North Miami Beach, FL 33160

City/State and Zip Code

kamauandi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamau A Suttles

954
at ()

952-8885

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

KAMAU AND ENTERPRISES 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 September 3, 2020 and assigned
Florida document number 120000276447.

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)

3479 NE 163rd ST Unit # 1021

North Miami Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3479 NE 163rd ST Unit # 1021

North Miami Beach, FL 33160

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

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>
MGR	KAMAU A SUTTLES	2630 W Broward Blvd STE #203 Unit #408	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KAMAU A SUTTLES, MISTER	2630 W BROWARD BLVD #203	<input type="checkbox"/> Add
		FORT LAUDERDALE , FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	KAMAU A SUTTLES, MISTER	2630 W BROWARD BLVD #203	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEMB	KAMAU A SUTTLES, MISTER	2630 W BROWARD BLVD # 203	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00