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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

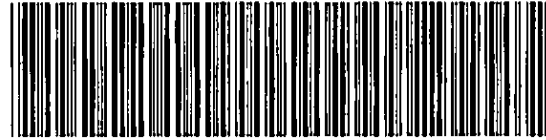
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2021 JUL 16 AM 11:24

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2021

PERRY LACLAIRE
1466 DEXTER DR
CLEARWATER, FL 33756

SUBJECT: YOUR KNIFE MAKING WAREHOUSE, LLC
Ref. Number: L20000296461

We have received your document for YOUR KNIFE MAKING WAREHOUSE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 621A00014642

2021 JUN 15 AM 11:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR KNIFE MAKING WAREHOUSE, 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:

PERRY LACLAIRE
Name of Person
YOUR KNIFE MAKING WAREHOUSE, LLC
Firm/Company
1466 DEXTER DR
Address
CLEARWATER, FL 33756
City/State and Zip Code
cutleryshoppe@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashly Guernaccini at (727) 477-2255
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

2011-09-15 AM 11:21

11-11-11

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YOUR KNIFE MAKING WAREHOUSE, 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 09/21/2020 and assigned Florida document number L20000296461.

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:

Perry LaClaire

New Registered Office Address:

1466 DEXTER DR

Enter Florida street address

CLEARWATER

Florida

33756

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>
AMBR	Abigail LaClaire	1466 DEXTER DR	<input type="checkbox"/> Add
		CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ryan LaClaire	1466 DEXTER DR	<input type="checkbox"/> Add
		CLEARWATER, FL 33756	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2021
MAY 16
A 11: 21

E. Effective date, if other than the date of filing: June 30, 2021 (optional)

(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)

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.

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.

Dated 23 May 2021

Perry La Claire

Signature of a member or authorized representative of a member

Perry La Claire

Typed or printed name of signee