

L20000299952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

(Document Number)

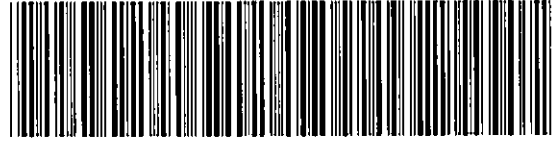
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&

Amend.

01/12/21

DC

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HALIN SEMAJ KIDS KOUTURE 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

Todra Calhoun

Name of Person

Firm/Company

2911 NW 8th Street

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

Halinsmajkidskouture@gmail.com

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

For further information concerning this matter, please call

Todra Calhoun

780

650-3774

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

**HALINSEMAJKIDSKOUTURELLC**

(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 09/22/2020 and assigned Florida document number 120000299952.

**This amendment is submitted to amend the following:**

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

HALIN SEMAJ KIDS KOUTURE LLC

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)**

2011 NW 8th Street

Fort Lauderdale, FL 33311

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3901 W Broward Blvd

PO BOX 120452

Fort Lauderdale, FL 33312

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 / provide street address:

\_\_\_\_\_, Florida \_\_\_\_\_  
 Date \_\_\_\_\_ 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 603, 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 \_\_\_\_\_

FLORIDA

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(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 16.11.2021

  
Signature of a member or authorized representative of a member

Todra Calhoun  
Typed or printed name of signee