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THULAHASSEE

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A. BUTLER MAY 17 2022

COVER LETTER

TO: Registration Division of C		
SUBJECT:K	Kaydee Photox Name of Lit	graphy LLC
	, Name of Li	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.
Please return all corres	pondence concerning this matter	r to the following:
	Kaulah	Dawkins

Name of Person

Firm/Company

of <u>Champions</u> 6282 BIVD

FI Lauderdale F City/State and Zip Code 33068 North

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

For further information concerning this matter, please call:

Dawkins at (<u>954)</u> <u>461 - 0766</u> Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

¶ \$25.00 Filing Fee

S30 00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Cl. \$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 Tailahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF	AMENDMENT FILED
AN HULES OF	ORGANIZATION APR 14 PM 2:33
K D Tradeo	APHY LLOALLAHASSEE, FL
Kay Dee Photogr	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L 20000 319712.	y were tiled on $OCH 9 2020$ and assigned
This amendment is submitted to amend the following:	
A. ii amending name, enter the new name of the limited jia	bility company here:
KD Created It LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, it 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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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	

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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 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

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<u>Title</u>	Nanie	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(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 April	7	2022
		Au A
		Signature of a member or authorized representative of a member

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