

L20000321261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

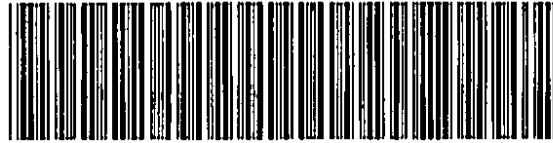
(Business Entity Name)

(Document Number)

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2022 AUG -8 AM 10:49
STAFF

me 30/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Har Confidence LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kerry Thompson
Name of Person

Har Confidence LLC
Firm/Company

1251 Starburst
Address

W. Lauderdale, FL 33668
City/State and Zip Code

lot4grain@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Thompson at (754) 246-2121
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

Hear Keadence 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 10/12/20

Florida document number 120000521261

This amendment is submitted to amend the following

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

Kultural Kead Game 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)

2630 W Broward Blvd
Suite 203-1925
Ft Lauderdale, FL 33312-1314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2630 W Broward Blvd
Suite 203-1925
Ft Lauderdale, FL 33312-1314

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

City _____ Florida _____ 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

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MC.R	Manager
AMBR	Authorized Member

MC.R	Manager
AMBR	Authorized Member

[illegible]