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COVER LETTER

TO:	Registration Sec Division of Corp					
Kendra Radeliffe, LLC						
SUBJ	ECT:	Name of Lim	ited Liability Company			
		Amendment and fec(s) are sub	•			
Please	return all correspo	ndence concerning this matter Kendra Radeliffe	to the following:			
		Kendra Radeliffe, LLC	Name of Person	 		
Firm/Company 2663 Crittendon St						
		North Port, FL 34286	Address	······································		
		kendralrhodes@gmail.com	City/State and Zip Code			
	rther information co ra Radeliffe	b-mail address: (to be used for future annual reportable: 304 281669			
	Name of	Person	at () Area Code I)	aytime Telephone Number		
Enclos	sed is a check for th	e following amount:				
≡ \$2	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	<u>s:</u>	Street Addre	<u>««:</u>		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Kendra Radchille, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET ADDRESS)		ال ال
		E n
Enter new mailing address, if applicable:		P# ()
•		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regi
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 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>	Type of Action
AMBR	Kendra Radcliffe	2663 Crittendon St North Port, FL 34286	
			□ Add
			□Remove
			∃ Change
			□Add
			□Remove
			□ Change
			202 □Add JA TI □Remove
		<u>:</u>	
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			☐ Change
			🗆 Add
			□ Remove
			□Change
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. January 7 Dated ______ Signature of a member or authorized repre Kendra RadelifTe Typed or printed name of signee