

L21000027528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

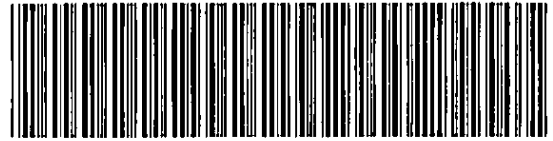
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

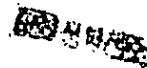
Office Use Only



400408008784

05/03/23--01012--008 **25.00

FILED
2023 MAY -3 PM 12:02
CLERK OF STATE
TALLAHASSEE, FL



R. HUNT

05/03/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vixen Klost, 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:

Xzaria T Greene

Name of Person

Firm/Company

3314 Ellington Court

Address

Fort Myers, Florida 33916

City/State and Zip Code

vluxxklost@gmail.com

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

FILED
JAN 17 - 3 PM 12:02
TALLAHASSEE, FL

For further information concerning this matter, please call:

Xzaria Greene

239 33916
at ()

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2023 JUN -3 PM 12:02
CLARK COUNTY, FL
CLERK OF COURT

FILED
JUN 14 - 3 PM 12:02
CLARK COUNTY, ILL.

FILED
CLERK OF DISTRICT COURT
JAN 23 2013 PM 12:02
OKLAHOMA

(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)

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, 29 2023

Kiana L Greene
Signature of a member or authorized representative of a member

Xzaria T Greene

Typed or printed name of signee

Filing Fee: \$25.00