# L210000821100

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (	Officer:
	APR 2 2024





300426212733

03/20/24---01026---011 \*\*\*30.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: K. Solul Artwork, 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:
Kiara C. Jones Name of Person
K. Soleil Therapeutics, LC (former: K. Soleil Artwork, LC)
PDBof 9054 Address
Parama City Beach, Ft 32407  City Otate and Zip Code  L. soleil artwork agmail. com  E-mail address: (to be used for future andual report notification)
E-mail address: (to be used for future andual report notification)
For further information concerning this matter, please call:
Kiara C. Jones  at (850) 404-9377  Name of Person Area Code Daytime Telephone Number
Name of reison Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

K. SOLETLARTWORK, LLC



(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $03/17/24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil.  K. SOLFIL THERAPEUTICS, L.  The new name must be distinguishable and contain the words "Limited Liability".	C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 9054 Panama City Beach, Fl 3240
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida



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 =	<b>Authorized Member</b>	

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Add
	<del></del>	Remove	
	<del></del>	☐ Change	
		□Add	
			Remove
			Change
<del></del>		□Add	
			Remove
		Change	
		□Add	
		□Remove	
			☐ Change
			□Remove
			☐Change



	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>K.So</u>	Itil Thurapeant Therapeutics, LLC encompasses
COUN	seling, consulting, wellness + home care goods,
aron	natherapy, and Therapeutic goods +
Suri	iew. K. Soleil Artwork is an extension of
<u>K.s</u>	Deil Therapential which encompasses
the	natherapy, and therapeutic goods to ices. K. Soleil Artwork is an extension of Soleil Therapeutics which encopypasses rapeutic artwork, miscellaneous creative
_900	de + services.
	· · · · · · · · · · · · · · · · · · ·
<del></del> -	
E. Effective date, i	if other than the date of filing: (optional) 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)
Note: If the date	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ctive date on the Department of State's records.
f the record specifies ecord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	lach 17th 2024.  Signature of a member obsulhorized representative of a member
	(Ainall
	Kiara C. Vones
	Typed or printed name of signee

Filing Fee: \$25.00