## 121000093397

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## **COVER LETTER**

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SUBJECT	K LUV KI	LITUR LEC					
SOBJEC (	•	Name of Fi	nited Liability Company	4.0			
The enclos	ed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please retu	rn all corresp	ondence concerning this matte	r to the following:				
		KATISHA S JALLOW					
			Name of Person	, <u>.</u>			
		K LUV CULTURE LLC	Name of Person  Firm/Company  ARD SDITE 175 PMB 96485  Address  City/State and Zip Code  be used for future annual report notification)  :				
			Firm/Company				
		4700 MILLENIA BOULF	EVARD SUITE 175 PMB 96485				
			Address	<del></del>			
		ORLANDO, FL 32839					
	City/State and Zip Code						
		katishajallow@outlook.con					
				notification)			
hor further	information c	concerning this matter, please c	all:				
KATISHA	S JALLOW						
	Name o	f Person		ime Telephone Number			
Enclosed is	a check for th	ne following amount:					
	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
Re	uling Addres gistration S vision of C		<u>Street Address:</u> Registration S Division of C				

P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K LUV KULTUR 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  $\frac{02/25/2021}{1}$ and assigned Florida document number  $\frac{L21000093397}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: K LUV CULTURE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than th	e date of filing:			(optior	al)
If an effective date is listed, the date in	ust be specific and car	anot be prior to d	ate of filing or more	than 90 days after fi	ling.) Porsuant to 605,0297
Note: If the date inserted in this document's effective date on the	block does not meel Department of State	t the applicable e's records.	statutory liling r	equirements, this c	tate will not be listed as i
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Dated May 10		2021			
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	atisha S (	Jallan.			