

621 000 140 587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

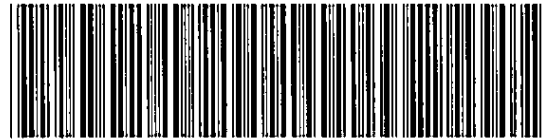
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/10/21--01024--917 \*\*25.00

2021 AUG 16 AM 7:14

FILED

Ahrend  
Nanichg

AUG 21 2021  
ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: kreeya 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:

**Allena Stovall**

\_\_\_\_\_  
Name of Person

**kreeya llc**

\_\_\_\_\_  
Firm/Company

**450723 STATE ROAD 200**

\_\_\_\_\_  
Address

**CALLAHAN FL 32011**

\_\_\_\_\_  
City/State and Zip Code

**Bludmoneymultiservices05@gmail.com**

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

For further information concerning this matter, please call:

**Allena Stovall**

\_\_\_\_\_  
Name of Person

at ( **904** ) **654-9216**

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



RECEIVED

2021 AUG 16 PM 12:18

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2021

ALLENA STOVALL  
450723 STATE ROAD 200  
CALLAHAN, FL 32011

SUBJECT: KREEYA LLC  
Ref. Number: L21000140587

We have received your document for KREEYA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You failed to list the names of all the managers/members you're adding.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 121A00018014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUL 26 PM 4:35

July 14, 2021

ALLENA STOVALL  
450723 STATE RD 200  
CALLAHAN, FL 32011

SUBJECT: KREEYA LLC  
Ref. Number: L21000140587

We have received your document for KREEYA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK BOX EACH MEMBER LISTED IF YOU ARE ADDING, CHANGING OR REMOVING. ALSO, ENTER NEW NAME OF COMPANY IN SECTION A ON THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 221A00016086

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

kreeya llc

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 AUG 16 AM 7:14

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L21000140587.

This amendment is submitted to amend the following:

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

BLUD \$ MULTISERVICES 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:**

450723 state road 200

**(Principal office address MUST BE A STREET ADDRESS)**

Callahan FL 32011

**Enter new mailing address, if applicable:**

450723 state road 200

**(Mailing address MAY BE A POST OFFICE BOX)**

Callahan FL 32011

**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:

Northwest Registered Agent LLC

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

St. Petersburg

Florida 33702

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 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>
AMBR	ALLENA STOVALL	450723 STATE ROAD 200	<input type="checkbox"/> Add
		CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALLENA STOVALL	450723 STATE ROAD 200	<input checked="" type="checkbox"/> Add
		CALLAHAN, FL32011	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NORTHWEST REGISTERED AGENT LLC	7901 4TH ST N	<input checked="" type="checkbox"/> Add
		ST.PETERSBURG, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR		<del>7901 4th ST N</del>	<input type="checkbox"/> Add
(AD)		<del>St Petersburg, FL</del>	<input checked="" type="checkbox"/> Remove
		<del>33702</del>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE MY BUSINESS FROM KREEYA LLC TO BLUD \$ MULTISERVICES LLC.

If the MONEY sign can  
not be use just spell it  
out, for example BLUD  
MONEY MULTISERVICES LLC.

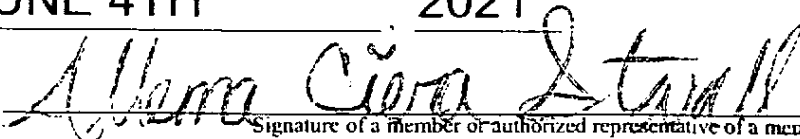
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated JUNE 4TH 2021



Signature of a member or authorized representative of a member

ALLENA CIERA STOVALL

Typed or printed name of signer