121000172549

(Req	uestor's Name)	
(Add	ress)	
(Addi	ress)	
(City/	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
	J. HORNE	
	MAR - 9 202	2
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FLORIDA DEPARTMENT OF STATE Division of Corporations S

SECRETARY OF STATE TALLAHASSEE, FL

February 21, 2022

KIARA CONEY 25101 SW 130TH AVE UNIT 107 PRINCETON, FL 33032 US

SUBJECT: KLOSET.92 LLC Ref. Number: L21000172549

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

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 322A00004240

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp		•	•
Kloset.92 Ll	LC		
SUBJECT:	Name of Limi	ted Liability Company	
m 1 11 6 1 6	Ad same and for (a) are subs	nitted for filing	
	Amendment and fee(s) are subr		
Please return all correspo	ndence concerning this matter t	to the following:	
	Kiara Coney		
		Name of Person	
		Firm/Company	
	25101 SW 130th Ave #107		
		Address	-
	Princeton, FL 33032		
		City/State and Zip Code	
	Kiara.coney92@gmail.com		
For further information c	e-mail address: (to be used for future annual report n	ionneation)
Kiara Concy		786 901- 4295 at ()	5
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addre</u> Registration		Street Address Registration	
Division of C		Division of C	Corporations
P.O. Box 632			
	27	The Centre of	of Tallahassee hroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

FILED

Kloset.92 LLC

2022 HAR -4 PH 2: 55

(<u>Name of the Limited Liability Con</u> (A Florida Limite	<u>ipany as it now appears on our re</u> ed Liability Company)	scords.) sporfiary of State
,	,,,	SECRETARY OF STATE TALLAHASSET, FLETCH
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L21000172549		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Ninety.Two Collection LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation '	'LLC" or the abbreviation "L.L.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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>er</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, Florida
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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>	Address	Type of Action
			□ Remove
			□Change
			□Add
		<u> </u>	□ Remove
			□Change
			Remove
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fan effective d <u>Note:</u> If the	te, if other than that the date is listed, the date date inserted in this effective date on the	must be specific s block does n	and cannot be not meet the a	e prior to date applicable st		ге than 90 day	s after filing.)		
record speci d is filed.	ifies a delayed effe	ctive date, but	not an effec	tive time, at	12:01 a.m. o	n the earlier	of: (b) Th	e 90th day afte	r the
	Januray 2	5	2022	·					
Dated			Λ						
Dated		KI	Just	{					
Dated		Signature	nel a member o	nuthorized r	epresentative (of a member			