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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ament Number	-
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2021

KAYLA MOORE 2258 PARROT LANE TALLAHASSEE, FL 32303

SUBJECT: KAY'S APPAREL LLC Ref. Number: L21000215640 SECTION FAMILY 22

We have received your document for KAY'S APPAREL LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

The form is not filled out properly. The name of the entity is to be printed on the top of page 1. If the registered agent's name is changing, the full name of the registered agent is needed and the new registered agent must sign accepting the designation and duties as registered agent.

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 621A00014860

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COVER LETTER

TO:

O: Registration Se Division of Cor			
SUBJECT:KG(S apprell Name of Lim	ited Liability Company	······
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all con espo	ndence concerning this matter	to the following:	
	- Kayl	A MOVE Name of Person	
		Firm/Company	
	2758	porrot lane	
	Tallonas Lagsac	SCE FL 323 City/State and Zip Code D KaySapparel 2	303 240gmail. Com
for further information e	n-mail address: (oncerning this matter, please c	all:	nication
Name a	; Person	at () Area Code Daytin	ne Telephone Number
Inclosed is a check for the	he following amount:		
21 \$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 Addres Registration	Section	Street Address: Registration Sc	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kay'S app	ave UC		
Name of the Kilmited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	2021
The Articles of Organization for this Limited Liab Florida document number <u>L21000215</u>	oility Company were filed on <u>Mo</u> 5(640)	ay 10th	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicab	e:		
(Principal office address MUST BE A STREET.	ADDRESS)	······································	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	OX)		
			<u>*</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address		ds, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New registered Office Address.	Enter Florida s	treet address	1 207 1 207 1 700
		. Florida	
	City		Zip Code

New Registered Ager Us 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 incredy reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Narae	Address	Type of Action
AMBR MGR	-/ Kayla Moore	2258 parrot lane Tallanassee FL 3230.	NAdd
MOIE			□Remove
			Change
	-··		□Add
		<u></u>	□Remove
			🗆 Change
			□Add
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		🗅 Add	
			□Remove
			□Change

	,
an e ote:	tive date, if other than the date of filing:
	and 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 filed.
atec	07/13/2021
	Signature of a member or authorized representative of a member
	ICaula MOORE