## 121000318754

Office Use Only



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2021 JUL 29 PM 12: 18
SECHETARY SEPTEMBER

IN PRUCE AUG 09 2021

## **COVER LETTER**

TO: Registration Se Division of Co					
Crowned B	y Kaii LLC				
SUBJECT:	SUBJECT:				
	Amendment and fee(s) are sub	-			
, real contempo	Kalei Giltner	To the following.			
		Name of Person			
	Crowned By Kaii				
	<del></del>	Firm/Company	_		
	1821 N 47th Ave				
		Address	<del></del>		
	Hollywood, FL				
	halaisile as @ assil no se	City/State and Zip Code			
	kaleigiltner@gmail.com E-mail address: (	(to be used for future annual report notification)	21 JI EGIN TAL		
For further information of	concerning this matter, please c	rall:	上20		
Kalei Giltner		954 940-8668	JUL 29 PH		
Name o	f Person	at () Area Code Daytime Telephone Num	2021 JUL 29 PM 12: 18 SECHE LARVASSES FL		
Enclosed is a check for the	he following amount:		, <u>m</u> <b>co</b>		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee. ficate of Status & fied Copy fied Copy fied copy is enclosed)		
Mailing Addres Registration S		Street Address: Registration Section			
Division of C		Division of Compressions			

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crowned By Kan LLC			
(Name of the Lim	ited Liability Comps	inv as it now appears on our recoi	<u>rds.</u> )
	(A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited I Florida document number L21000318754	Liability Company	were filed on 07/13/2021	and assigned
Torida document number	<u></u> .		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
	<del></del>		
		NT/ A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	- <u>-</u>	
B. If amending the registered agent and/or i	registered office o	iddrace on our rogards, anto-	u the name of the name
agent and/or the new registered office addre	ss here:	iddress on our records, emer	the name of the new registered
Name of New Registered Agent:	<u>N/A</u>		
N. B. C. LOW AND	N/A		
New Registered Office Address:		Enter Florida street addre	
	N/A	, FI	lorida N/A BC =
		City	lorida N/A DC 22
New Registered Agent's Signature, if changing l	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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
AMBR	Kalei Giltner	1821 N 47th Ave, Hollywood, Fl 33021	□Add
			□Remove
			<b>■</b> Change
			□ Add
			□Remove
			Change
			□Add
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							L	19
f an effective date is list Note: If the date inse	ther than the date of ted, the date must be spec- erted in this block door date on the Departmo	cific and cann es not meet (	the applicable	date of filing o	r more than 90 c ling requirem	_ (optional lays after filin ents, this dat	g.) Pursuant t	o 605.020 e listed a:
e record specifies a dord is filed.	elayed effective date.	but not an e	ffective time	e, at 12:01 a.i	n. on the earli	er of: (b) T	he 90th day	after the
Dated	Ma. A.	<u></u>	0-10A	- 1 .				
		10 IL	1 11-11					
	Mall	y K	UN					
	Signatu	ire of a nemi	per or authoriz	red representa	ive of a membe	т		_

Filing Fee: \$25.00