h21000330690

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COVER LETTER

TO:

Registration Section

Division of Corporations			
CELED RESIDEN	Properties LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ricky Lee		
		Name of Person	
	Kitzikaka Properties LLC		
		Firm/Company	·
	160 Bounty St #206		
		Address	
	Merritt Island FI 32952		
		City/State and Zip Code	
	tellrickylee@gmail.com E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	•	
Ricky Lee		321 3245886	
Name (of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	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		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kizikaka Properties LLC

14:1 C. 22 Mi 7: 37

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	•
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000330690</u> .	y were filed on July 21 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	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:	160 Bounty St #206	
(Mailing address MAY BE A POST OFFICE BOX)	Merritt Island Fl 32952	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Name	Address, 10 22 17 7:31	Type of Action
AMBR	Mirosłava Lee	160 Bounty st #206	≅ ∧dd
		Merritt Island Fl 32952	□Remove
			□ Change
		.	□ Add
			Remove
			Change
			□ Add
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			☐ Change
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			□Remove
			□ Change

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	HOLES MOTOR
	-
tive date, if other than the date of filing:	(optional)
Tective date is listed, the date must be specific and cannot b	be prior to date of filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in this block does not meet the nent's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be liste
ich serieure date on the bepariment of state site	sorta.
	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Med.	
10/10/2002 10 . 10 0-01	
18/18/2021 10 - 18 / 2021	
/	
Signature of a member k	ar-authorized representative of a member
_	•

Filing Fee: \$25.00