121000377234

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500376841935

12/01/21--01000--015 *+25.60



Y. SCOTT DEC 15 2021

COVER LETTER

Registration Section

Division of Corporations

TO:

KAYLEE I.	UHLLC								
SUBJECT:	Name of Lin	nited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please return all correspo	ndence concerning this matter	to the following:							
	KAYLEE WARD								
		Name of Person							
		Firm/Company		20;					
	201 COLUMBUS STREE	T		7021 DEC					
	PANAMA CITY BEACH,	Address FLORIDA 32407	ATA CO	C-1 PM 3: 07					
		City/State and Zip Code AYLEE@COASTAL-LIFESTYLES.COM							
		to be used for future annual report noti	fication)						
For further information c KAYLEE WARD	oncerning this matter, please c	850 532-9223							
Name o	f Person	at () Area Code Daytim	e Telephone Number	_					
Enclosed is a check for the	ne following amount:								
★ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Cop (additional copy	f Status & py					
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations						
Tallahassee, l		2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAYLEE LUH LLC							
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it now appears on or Liability Company)	ur records.)				
The Articles of Organization for this Limited In Linda document number	Liability Company	were filed on	21 and assigned				
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name	of the limited liab	oility company here:					
KAYLEE WARD LLC							
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "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 office:		201 COLUMBUS STE	REET				
		PANAMA CITY BEACH, FLORIDA 324025					
			CH, FLORIDA 32407				
agent and/or the new registered office addr	ess nere:						
Name of New Registered Agent:	KAYLEE WAR	RD					
New Registered Office Address:	201 COLUMB						
		Enter Florida stre	eet address				
	PANAMA CIT	Y BEACH	, Florida 32407				
		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>	Address	Type of Action
MGR	KAYLEE WARD	201 COLUMBUS STREET PANAMA CITY BEACH, FLORIDA 32407	
			□Add
			□Remove
		-	
			Change
			
			22 Change
			Change -
		1.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	
		년 <u>동</u> 단상	. ω 🕥
			Remove
			□Change
			□Remove
			□Change
			-
			□Remove
			□ Change
			
			🗆 Add
			□Remove
			□Change

-	·									
_										
-			-							
-	.							 		
_										
-										
-										
_				_						
								ري اعد	202	
-								- S	PE PE	
-	· · · ·								_ <u>;;;</u>	
_								37.72		
								OF S	PX	
-		-						Z	ક 07	
-									7	
_										<u>-</u>
-		 								
-					=-					
E ffect If an eff	ve date, if other than the date ective date is listed, the date must be s	e of filing specific and	cannot be	prior to date	of filing or	more than 9	opti (option) days after	o nal) filing.) Po	irsuant t	o 605.0 2 07
Note:	If the date inserted in this block of the date inserted in the Depart	does not m	eet the ap	plicable s						
200 (111	in selective date on the Depart	inchi oi si	iaic s icce	nus.						
recor	I specifies a delayed effective dated.	te, but not a	an effecti	ve time, at	12:01 a.n	n, on the ea	rlier of: (b) The 9	0th day	after the
	NOVEMBER 271H		2021	\bigcirc						
		 :	 	$\left(\begin{array}{c} \\ \\ \end{array} \right) $						
				$\setminus /\!\!\!/\!\!\!\!>$	-					
					>					

Typed or printed name of signee