Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000344461 3)))



H210003444613ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

	Add		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUR HOME AND KITCHEN GOODS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Your Home and Kitchen Goods LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000405082</u>	ny were filed on <u>09/13/21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: 13727 SW 152nd Street #1046		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33177	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13727 SW 152nd Street Miami, FL 33177	#1046
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	FILED SEP 16 AM 9 57 A LAT OF STATE CHASSEE FLORIOA
	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 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
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			ElChange
	······································		□ Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□(Change

		
and the second of the second o		
		
	 -	
tive date, if other than the date of filing: (optio	nal)	
ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after if the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuan date will not	a to 605.0 Be listed
nent's effective date on the Department of State's records.	ti)	
	" • ≥ ∞	2021
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th d	
îled.	3.5.	_
September 16 2021	Sr.*	9
September 16 2021)	2
Morgan Polle	LORID	AM 9: 57
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00