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## **COVER LETTER**

TO: Registration So Division of Cor				;
SUBJECT:	Kiss the	ited Liability Company	aman	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Breania	Las viony Name of Person	White	2
	Kiss the	Firm Company	away	<del></del>
	1132 NW -	rth Ave Ap	+#1	
	Fort Laiderda	Le Florid City/State and Zip Code	<del></del> _	311
	Breaniaunitee E-mail address: To	ymcul. c0M	l report notification)	<del></del>
For further information co	oncerning this matter, please ca	ıll:		
Breania Name of	White	at ( <u>78 b</u> )	559 - Daytime Teleph	2128 one Number
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  Registration S	<u>:</u>	Street A	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Kiss The	Night Awar
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabsellorida document number 210041430	lity Company were filed on $10-4-2021$ and assigned
This amendment is submitted to amend the following	ng;
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	IDDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered affice address h	stered office address on our records, <u>enter the name of the new registere</u>
N CN D :	20 2 20 2
Name of New Registered Agent:	
New Registered Office Address:	A A A A A A A A A A A A A A A A A A A
	Enter Florida street address (S) (S)
_	, Florida, 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> MGR	Name Breania White	Address 1132 NW 4 AVE APH #7	Type of Action
<u> </u>	OI CLAMO WINE		
		Fort Loudordale F1 33311	_ □Remove
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(If an eff Note:	ive date, if other than the date of filing:
ne recor ord is fi	d 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 led.
Dated	12-13-2021
Dated	12-13-2021
Dated	Signature of a member of authorized representative of a member