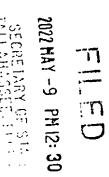
## L21 000510866

	_	<u> </u>
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>≥</del> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORN	1E
	JUL - 1	20 <b>22</b>

Office Use Only



200387039042



## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
	KRISTY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	KRISTY MALDONADO		
	- · · · · · · · · · · · · · · · · · · ·	Name of Person	· <del></del>
	ART BY KRISTY LLC		
		Firm/Company	
	3861 GOLDEN KNOT DI	₹	
		Address	
	KISSIMMEE, FL. 34746		
	-	City/State and Zip Code	
	HISHERBLENDSTUDIO@	@GMAIL.COM	
	E-mail address: (	to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
KRYSTY MALDONA	ADO	407 922-4606	
Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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 Addr</u>		Street Address:	
Registration		Registration S	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	
Tallahassee			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAIR BY KRISTY LLC

company has been notified in writing of this change.

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

and assigned
ation "L.L.C." or the abbreviation "L.L.C."
ls, <u>enter the name of the new regis</u>
~
reet address
, Florida Zip Code
Zip Code

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>	<u>Address</u>	Type of Action
AMBR	MALDONADO KRISTY	3861 GOLDEN KNOT DR	<b>=</b> Add
		KISSIMMEE, FL. 34746	
		<u> </u>	Change
			□Remove
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Effective date, if other than the date of filing:  [as effective date is listed, the date must be pecific and eannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605 020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as common selfective date on the Department of State's records.  The pecific and elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  APRIL 1st 2021  Nignature of member or authorized representative of a member  KRISTY MALDONADO	f amending any other in	oformation, enter change(s) here: (Attach additional sheets, if necessary.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record 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 d is filed.  Dated APRIL 1st 2021  Signature of a member or authorized representative of a member	·		
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Signature of a member or authorized representative of a member	APRIL 1st	2021	
	(	T)	
KRISTY MALDONADO	<del>-</del>	Signature of a member or authorized representative of a member	
		KRISTY MALDONADO	

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Filing Fee: \$25.00