## 121000532524

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

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T. MATTHEWS MAR - 4 2022

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		·
	NS BY KI, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Name of Person	
	Neddroy Bent		
		Firm/Company	
	HB Music & Marketing G	roup, LLC	
		Address	
	19122 Cypress Reach L	<del></del>	
	CREATIONSBYKI2021@	City/State and Zip Code	
	-	to be used for future annual report not	itication)
For further information c	oncerning this matter, please co	all:	
Neddroy Bent		813 7816129 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration 9		Street Address: Registration Sc	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, i	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FOT 11 TO 3: 14

CREA	TIONS	RY	ΚI	HC

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

(A Fibrida Emined E	maomity company,	
The Articles of Organization for this Limited Liability Company	were filed on 12/20/2021	and assigned
Florida document number L21000532524		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	.LC" 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)		
William Bentost Office Dong		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
-	,	Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and )5, F.S. Or, if this document is

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	KIARA C JOHNSON	4318 MARINERS COVE COURT	□Add
		APT 103	□Remove
		TAMPA, FL 33610	
			□Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
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ffective date, if other than the defective date is listed, the date must be solve. If the date inserted in this blocklocument's effective date on the Dep	e specific and cannot be p k does not meet the app	pheable statutory ti	more than 90 days aft	<b>tional)</b> ter filing.) Pursuant to 605 his date will not be list	5.0207 ( ted as t
record specifies a delayed effective of is filed.	date, but not an effectiv	re time, at 12:01 a.r	n, on the earlier of:	(b) The 90th day afte	er the
FEBRUARY 19 Dated	2022	·			
XI ara C;	ignature of a member of a	Authorized representat	ive of a member		
KIARA C JOHNSON	i				
	Typed or n	rinted name of signed	<u> </u>		

Filing Fee: \$25.00