## L22000024738

(Re	questor's Name)	
(Ad	dress)	-
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<del>-</del> (Ru	siness Entity Nar	ma)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT:	AES KA	REATION, La	<u>LC</u>
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Andreish Kae's Kr	Name of Person  Reation, LLC.  Firm/Company	·
	22142	- Old Divie	Hwy.
	Ma	City/State and Zip Code  Waller 466 @ 9 m o be used for future annual report noti	
	Andreis ha E-mail address: (t	waller 466 @ 9 m o be used for future annual report noti	fication)
For further information con-	cerning this matter, please ca	dl:	
FIND CEISHA Name of Po	Waller	at (305) 986 - Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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 Address: Registration Seconds Division of Cor P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAES	KKER	Alion, L	16	
(Name of the Limited Liability (A Florida	y Company as it now app Limited Liability Compan	pears on our records.) iy)		
The Articles of Organization for this Limited Liability Co		1/11/202	2 2- and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company	here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," tl	he designation "LLC" or t	he abbreviation "L.L	C."
Enter new principal offices address, if applicable:			, ;	
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	MH		_ <del></del>
				1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	: 7:	- Tarant
			г О	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, enter the	name of the new	registered
Name of New Registered Agent:		1/1		
New Registered Office Address:				
	Enter .	Florida street address		
	City	, 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>	<u>Name</u>	Address	Type of Action
	MA-	<del></del>	□Add
	ţ .		
			□Change
			□Add
			□Remove
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	<del></del>		□Add
		<del></del>	— □Remove
			— □Ghànge
			□Change
			□ Add
			□Remove
		<del>.</del>	□Change
			□Add
		<del></del>	□Remove
			☐ Change

Articles of Incorporation (Attach additional sheets, if necessary.)	
Any and All Lawful Business	
Retail Sales of goods and product via various web site / Transportation of goods and products.	<u> </u>
	0 3:4 (1.1 52
Effective date, if other than the date of filing: 122 2022 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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 9 cord is filed.	0th day after the
Dated 6/00/2007  Signature of a member or authorized representative of a member	
Andreisha Walley Typed or printed name of signee	

Filing Fee: \$25.00