

9/16/22, 1:00 PM

Division of Corporations

Florida Department of State

L22000100587
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.

((H22000321798 3)))



H220003217983ABC1

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 : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)952-8600
Fax Number : (323)389-0502

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

Email Address: _____

2022 SEP 16 AM 11: 11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KJ CALABASAS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

2022 SEP 16 PM 2: 43

Electronic Filing Menu

Corporate Filing Menu

Help

J. LEWIS
SEP 19 2022

COVER LETTER

Received

2022 JUN -7 AM 9: 03

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

SUBJECT: KJ CALABASAS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Cheyenne Moseley
Name of Person
Legalzoom.com, Inc.
Firm/Company
101 N Brand Blvd 11th Fl
Address
Glendale, CA 91203
City/State and Zip Code
dianesimon111@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley 800 773-0888
Name of Person at () Area Code Daytime 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KJ CALABASAS 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 Company were filed on 03/01/2022 and assigned Florida document number L22000106587.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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>	<u>Type of Action</u>
MGR	Diane Simon Goldman		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1500 S Ocean Blvd., Apt 501S Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change
MGR	Marc Goldman		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1500 S Ocean Blvd., Apt 501S Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change
MGR	Hannah Joy Gosselin		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1500 S Ocean Blvd., Apt 501S Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change
MGR	Simon Goldman		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1500 S Ocean Blvd., Apt 501S Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

