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SECREPARY OF STATE AND ABASSES, FL

COVER LETTER

TO:

TO: Registration Se Division of Cor			
Kristyn P.,	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	ondence concerning this matter	to the following:	
	Kristyn Pilgrim		
		Name of Person	
	Kristyn P., L.I.C		
		Firm/Company	
	1090 Jeffery Street		
		Address	
	Boca Raton, FL 33487		
	-	City/State and Zip Code	
	kristynpilgrim@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Kristyn Pilgrim		954 895-8394 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration So	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee, l	rに 34314	2410 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 JUN -7 PM 2: 46

Kristyn P., LLC

Florida document number L22000207066

This amendment is submitted to amend the following:

Enter new principal offices address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(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 May 02, 2022 and assigned 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."

Zip Code

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

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	
	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
	Kristyn Pilgrim	1090 Jeffery Street, Boca Raton, FL 33487	□Add
			□Remove
			☐ Change
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an effective date is listed, the date mus	at be specific and	cannot be prior to	date of filing or r	nore than 90 days afte	ional) r filing.) Pursuant	to 605,0201
lote: If the date inserted in this blocument's effective date on the D	ock does not me partment of S	neet the applicat tate's records.	ble statutory filii	ng requirements, thi	is date will not b	e listed as
record specifies a delayed effectiv l is filed.	e date, but not	an effective tim	ae, at 12:01 a.m.	on the earlier of: (b	b) The 90th day	after the
ated May 27		2022				
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<u> </u>	Simple of the second	nember or author	ized representativ	of a member	-	_
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