

h22000306447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

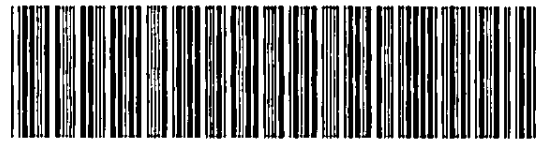
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22 SEP - 1 PM 2:12

SECTION OF COURT OFFICIAL

Onadjefe Alli
The Keona Experience
10632 W 35th Way,
Hialeah, FL 33018

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

August 27, 2022

RE: AMEUREMENT OF LLC – REMOVAL OF MANAGER

RECEIVED
DIVISION OF CORPORATIONS
22 SEP - 1 PM 2:12

I am writing this letter to request that the LLC filing for "The Keona Experience" is amended to remove the manager "Zenab Dankaka".

Company Name – The Keona Experience, LLC
Document Number – L22000306447
Daytime Phone Number – 8164570667
Return Address – 10632 W 35th Way, Hialeah, FL 33018
Email Address – corporate@thekeona.com

The required \$30 fee for filing and a certified copy is also included.

Thank you,
Onadjefe Alli

The Keona Experience



COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE KEONA EXPERIENCE 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:

ONADJEFE ALLI

Name of Person

THE KEONA EXPERIENCE LLC

Firm/Company

10632 W 35TH WAY

Address

HIALEAH, FL 33018

City/State and Zip Code

CORPORATE@THEKEONA.COM

E-mail address: (to be used for future annual report notification)

22 SEP - 1 PM 2:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

For further information concerning this matter, please call:

ONADJEFE ALLI at 1 7868580536
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

~~Registration Section~~
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

THE KEONA EXPERIENCE 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 JULY 11, 2022 and assigned
Florida document number L22000306447.

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	ZENAB DANKAKA	10632 W 35TH WAY, HIALEAH, FL 33018	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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22 SEP - 1 PM 2012
DIVISION OF CONSTRUCTION

22 SEP - PM 2:12

22 SEP - PM 2:12

SECRET
DIVISION OF CONGRESSION

Effective date, if other than the date of filing. _____ (Applicable only 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 23, 2022

ONADJEFE ALLI

Filing Fee: \$25.00