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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

	ation Sec n of Corp	ction porations		
	ve & Kits	sune LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	idence concerning this matter	to the following:	
		Michael Dempsey		153 . () 1
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	*
		336 E College Ave, Ste 30	01	A 14
		 	Address	
		Tallahassee, FL 32301		<u>-</u> ;
		fulfillment@zenbusiness.cc	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	tication)
For further infor	mation co	neerning this matter, please c	all:	
Michael Dempse	y c/o Zer	iBusiness Inc.	844 493-6249 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a che	eck for the	e following amount:		
■ \$ 25.00 Filin	g 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)
	Address		<u>Street Address:</u> Registration Se	ction
_		orporations	Division of Cor	
	ox 6321	-	The Centre of T	
Tallah	assee, F	L 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dove & Kitsune LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	(s.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/11/2022	and assigned
Florida document number 1.22000309112	<u>_</u> :	
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," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		77. 77.
(Principal office address MUST BE A STREET ADDR	ESS)	
		7
		1977 198
Enter new mailing address, if applicable:		3 28
(Mailing address MAY BE A POST OFFICE BOX)		
-		-;'
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registere
Name of New Registered Agent:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
New Registered Office Address:	Enter Florida street addres	is a second of the second of t
	. Flo	orida
	CıÙ.	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>	Address	Type of Action
AMBR	Michelle Kimberly Simon	2175 Malibu Lake Circle	■Add
		1324	□Remove
		Naples, FL 34119	□ Change
			DAdd
			□ Remove
			□ Remove
			□Add
			□Remove
			□Change
			□Add
		1012	□Remove
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te: If the date inserted in this	ne date of filing: aust be specific and cannot be prior to date of filing or a block does not meet the applicable statutory filin Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed
cord specifies a delayed effect s filed.	live date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
. August 1	2022	
ed		
	enece Britten JR Signature of a member or authorized representative	

Filing Fee: \$25.00