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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	KIM'S KRA	AFTY KREATIONS LLC		
.,		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	n all correspo	endence concerning this matter	to the following:	
		KIMBERLY JAMES		
			Name of Person	
		KIM'S KRAFTY KREAT	ONS LLC	
			Firm/Company	
		1317 EDGEWATER DR		
			Address	
		ORLANDO, FL. 32804		
			City/State and Zip Code	
		kimskraftykreation2022@g		
		E-mail address: (to be used for future annual report n	otification)
For further i	nformation c	oncerning this matter, please c	all:	
Kimberly Ja	ımes		323 380-0813	
	Name o	f Person	Area Code Dayı	ime Telephone Number
Enclosed is	a check for th	he following amount:		
□ \$25.00 l	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)
	illing Addres		Street Address: Registration S	
	-	Corporations	Division of C	
	D. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

2022 JUL 22 PK

1. July 18 18

Kim's Krafty Kreations LLC		MI
(<u>Name of the Limited Liability Com</u> (A Florida Liantec	any as it now appears on our recor Liability Company)	<u>ds.</u>) ;
The Articles of Organization for this Limited Liability Compan	y were filed on <u>07/15/2022</u>	and assigned
Florida document number <u>L22000315638</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1317 Edgewater Dr	
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL. 32804	
Enter new mailing address, if applicable:	PO BOX 113	
Mailing address MAY BE A POST OFFICE BOX)	Apopka, FL. 32704	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	r the name of the new regis
Name of New Registered Agent: Kimberly Jan	ies	
New Registered Office Address: 1317 Edgewa		
	Enter Florida street addre	sza
Orlando	F	lorida <u>32804</u>
	City	Zip Code

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Kimberly James	1317 Edgewater Dr.	■Add
		Orlando. Fl 32804	□Remove
		 	□Change
			□Add
		 -	□Remove
			Change
			□Add
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			□Change

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		Signature of a member or author	ized representative of a me	mber
	Kimberly D. James			
		Typed or printed	name of signee	

Filing Fee: \$25.00