L22000345/22

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11/21/22--01033--002 **25.0

SECRETARY OF STATE

KITTY T	OWN LLC		
301x11.CT.	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are st	abmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	IBRAHIM, IBRAHIM		
		Name of Person	
	KITTY TOWN LLC.		
		Finu/Company	
	5083 Splendido Ct., unit.	A	
•		Address	
	Boynton Beach, FL, 3343	7	
	ibraobaidi87@gmail.com	City/State and Zip Code	
		(to be used for future annual report no	tification)
For further information of	concerning this matter, please of		,
IBRAHIM, IBRAHIM		.561 990-9873 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction

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

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

KILLY TOWN LEC					
(Name of the Lin	nited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited : Florida document number $\frac{1.22000345122}{1.22000345122}$	Liability Company	y were filed on <u>08/05/2022</u>	and assigne		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	pility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		5083 Splendido Ct., unit A			
(Principal office address MUST BE A STREET ADDRESS)		Boynton Beach, FL, 33437			
Enter new mailing address, if applicable:		5083 Splendido Ct., unit A			
Mailing addragg MAV DE A DOUT OFFICE DANG		Boynton Beach, FL, 33437	SEC 22		
B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	egistered office a ss here: 5083 Splendido		ECRETASI MEN STATE TALLALIA MEN FL FL		
New Registered Office Address:		Enter Florida street address			
	Boynton Beach	VI	33437		

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 a 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

<u> </u>	<u>Name</u>	Address	Type of A
AMBR	Mustafa Adeeb	6311 Evian PL, Boynton Beach, FL 33437	□Add
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Effective date, if other than the (It an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the appl	licable statutory filing i	(optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605,020 vill not be listed as
he record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated Nov 15th	2022	·		
	Syahu Incl.	havioud rames mention of	a manhar	
	espandic of a memoer of au	normen representative of	а лешке	
IBRAHIM, IBRAHIM				