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### **COVER LETTER**

SUBJECT: BUTTERFLY BY KAYLEE DESIGNS 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:
GRETA REYNOLDS Name of Person
BUTTERFLY BY KAYLEE DESIGNS LLC
18331 PINES BLVD # 213
PEMBROKE PINES FL 33029  City/State and Zip Code
INFO & REYNOUDS MOSS - COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GRETA REYNOLDS at 305 5286068  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

Registration Section **Division of Corporations** 

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

BUTTERFLY BY KAYLEE DESIGNS L

(A Florida Limited Liability Company)	4, 1224, 124,
The Articles of Organization for this Limited Liability Company were filed on $08$ Florida document number $L2200349911$	09 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  A BARKER PRODUCTION  The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	22
	?3 <u>'</u>
	. *)
Enter new mailing address, if applicable:	- Ç.
Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>
	:
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	<del>-</del>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:  Enter Florida street	et 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 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>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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n effectiv <u>te:</u> If th	date, if other than the date of filing:	5,020 ted as
cord spens filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
ted (	October 11 2023	
	Menola	
	Signature of a member or authorized representative of a member	
	/ /	

Filing Fee: \$25.00