## L22000311862

| (Re                     | questor's Name)    |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         | J. HORN            | E         |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Secti<br>Division of Corpo  |   | ·  |  |
|--|---|--|--|
| SUBJECT: Kriste  | n Heilton   | LLC  |  |
| SORTECT: TOUST   | Name of Limi                                      | ted Liability Company  |  |
|  |   |  |  |
| The enclosed Articles of An  | nendment and fec(s) are sub-                      | mitted for filing.   |  |
| Please return all correspond   | ence concerning this matter                       | to the following:  |  |
|  |   |  |  |
|  | traiden H   | la videbo  |  |
|  | Icitad, Li  | Name of Person   |  |
|  |   |  |  |
|  |   | 121  |  |
|  |   | Firm/Company   |  |
|  | 2573 Mad  | eline Ave  | d for filing.  refollowing:  Author  Name of Person  Firm/Company  Address  FL 32789  y/State and Zip Code  ton @ outlook.com  ased for future annual report notification)  at (HO) 415-3583  Area Code Daytime Telephone Number |
|  |   | Address  |  |
|  | IN I D L  | EL 27709   |  |
|  | Winter lark                                       | City/State and Zin Code  | <u>.</u>   |
|  | dans ha   | : Han @ attork   | (000   |
| -  | E-mail address: (t                                | o be used for future annual report noti  | fication)  |
| For further information cond   | cerning this matter, please ca                    |  |  |
|  | , , , , , , , , , , , , , , , , , , ,             |  |  |
| Dare Hami  | Itor  | at ( <u>407_) 415-3</u>  | 3583   |
| Name of Po   | erson   | Area Code Daytim   | e Telephone Number   |
|  |   |  |  |
| Enclosed is a check for the f  | following amount:                                 |  |  |
| \$25.00 Filing Fee   | □ \$30.00 Filing Fee &<br>Certificate of Status   |  | Certificate of Status & Certified Copy   |
| Mailing Address:<br>Registration Sec   | etion   |  | ction  |
| Division of Con  |   | Division of Cor  | porations  |
|  | 32314   |  |  |
| Name of Portage Name of Name of Portage Name of Name o | erson  following amount:  Solution Status  Status | at (40) 415-3 Area Code Daytim  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address: Registration See Division of Cor The Centre of T | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ection porations 'allahassee  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Zip Code

|  | - 10 (π/12 ).  |
|--|--|
| Kristen Hamilton LL  | C MAR 12 AH 8: 21  |
| (A Florida Limited L   | ny as it now appears on our records.) hability Company)          |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000371862</u> .  | were filed on $\frac{8/24/2022}{2022}$ and assigned              |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | <del></del>  |
| Kristen Taylor Hawilton The new name must be distinguishable and contain the words "Limited Liability of the new name in the n | LLC  |
| The new name must be distinguishable and contain the words "Limited Liability  | ity 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 a agent and/or the new registered office address here:  | ddress on our records, enter the name of the new registered      |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address                                     |
|  | . Florida  |
|  | . LIULIUA  |

## 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.

City

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 = | <b>Authorized Member</b> |

| <u>Title</u> | <u>Name</u> | Address         | Type of Action |
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| Effectiv                  | e date if other than the date of filing: (ontional)   |
| Note: If                  | e date, if other than the date of filing:   |
| he record<br>ord is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.       |
| Dated _                   | March 7 2024.  Hard Jewill  Signature of a member or authorized representative of a member  |
|                           | $A \leftarrow A \leftarrow$ |
|                           | Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00