

L23000002214159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

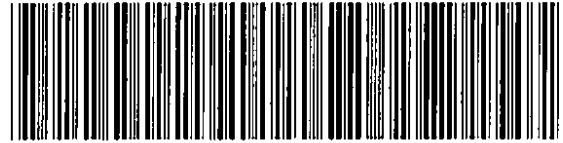
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/10/23--01010--014 **60.00

4/14/23
V.L.N.

FILED
2023 FEB 10 AM 9:36
CLERK OF STATE
TALLAHASSEE, FL

February 6, 2023

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please see the attached Amendment for our Articles of Organization of a Florida Limited Liability Company.

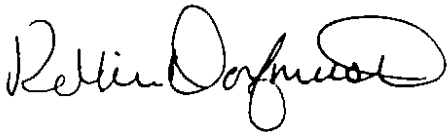
A check is enclosed in the amount of \$60.00 to include the filing fee, Certificate of Status, and Certified Copy. *check #1015*

My contact information is as follows:

Robin Dorfmeister
567 SW Whitmore Dr
Port St Lucie, FL 34984
772-985-0698

Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin Dorfmeister", with a large, stylized loop at the end.

Robin Dorfmeister

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kava Me Krazy, 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:

Robin Dorfmeister

Name of Person

Kava Me Krazy, LLC

Firm/Company

567 SW Whitmore Dr

Address

Port St Lucie, FL 34984

City/State and Zip Code

kavameckrazy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Dorfmeister

772

985-0698

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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
OF**

KAVAMEKRAZY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/11/2023 and assigned
Florida document number L23000024459.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kava Me Krazy, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

FILED
2023 FEB 10 AM 9:36
CLERK OF STATE
TALLAHASSEE, FL.

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

f the record 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 record is filed.

Retired
Signature of a member of a

Robin Dorfmeister

Filing Fee: \$25.00