

L23206684566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

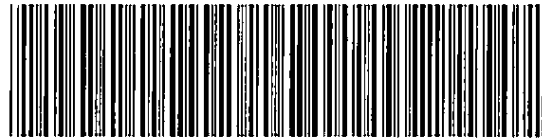
(Business Entity Name)

(Document Number)

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03/27/23--01010--020 \*\*25.00

FILED  
2023 MAR 27 AM 8:12  
CLERK OF STATE  
TALLAHASSEE, FL

2023 MAR 27

R. HUNT

03/27/23

21

Please see attached amendment  
to update NAME

Kava Culture Summerlin LLC.

Thank You,

Jacqueline Rusher

843 MIKAMAR ST.  
CAPE CORAL, FL  
33904

239-333-9627

RECEIVED  
2023 JUN 27 AM 8:12  
COUNTY CLERK  
STATE OF FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KAVA CULTURE SUMMERLIN 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:

JACQUELINE RUSHER

Name of Person

KAVA CULTURE SUMMERLIN LLC

Firm/Company

843 MIRAMAR ST

Address

CAPE CORAL, FL, 33904

City/State and Zip Code

JACQUELINE@KAVACULTURE.COM

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

RECEIVED  
JAN 27 AM 8:12  
STATE OF FL

For further information concerning this matter, please call:

JACQUELINE RUSHER

at (239) 333-9627

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

KAVA CULTURE SUMMERLIN 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 2/16/2023 and assigned Florida document number 1.23000084562.

This amendment is submitted to amend the following:

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

KAVA CULTURE SUMMERLIN 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)***

**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

Florida

(iv)

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
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STATE OF FLORIDA  
JAN 27 2011  
AM 8:02

2022 JUN 27 AM 8:12  
STATE  
FL

SEP 27 AM 8:12  
STATE  
FL

(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)

If 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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**