L23000343/19

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: K&D BEGINNINGS 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:	
KRISTINA MANENKO	
K&D BEGINNINGS LLS Firm Company	
14029 Clubhouse circle 2905	
Tampa, Fl 33618 City/State and Zip Code Manenkod @ gmail. com Is-mail address: (to be used for future annual report notification)	∪\ ====================================
I:-mail address: (to be used for future annual report notification)	3: 59
For further information concerning this matter, please call:	
Kristina Manenko at	_
Enclosed is a check for the following amount:	
SV\$25.00 Filing Fee Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)	Status & y

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VRA BEGINNINGS 110

(Name of the Limited Liability Company (A Florida Limited Lia	r as it now appears on our records.) ibility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\angle 23000343119$.	were filed on $\frac{OJ/18/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name o	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	EE,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

___. Florida _______ Zip Code 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
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ctive date, if other than the date of filing:O7/31/	12024 (optional)
effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.02
iment's effective date on the Department of State's records.	
ford specifies a delayed effective date, but not an effective time, at 12:01	La.m. on the earlier of: (b) The 90th day after th
filed.	and the state of t
ed 07/31/2024	
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