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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Southern Lines) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Registration Section

TO:

| Division of Cor | porations | | |
|----------------------------------|---|---|---|
| Holiday Hu | es by Kiki LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | smitted for filing | |
| | | | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Katherina Cegarra Adamo | | |
| I | | Name of Person | |
| | | Firm/Company | |
| | 3450 Lake Center Drive. A | Apt. 6107 | |
| | | Address | |
| | Mount Dora, FL 32757 | | |
| | holidayhuesbykiki@gmail. | City/State and Zip Code | · |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information co | oncerning this matter, please c | all: | |
| Katherina Cegarra Adam | 0 | 352 999-4563 | |
| Name of | Person | | ne Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ☐ S25.00 Filing Fee | S30.00 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 | | Street Address: | |
| Registration S Division of Co | | Registration Se Division of Co | |
| P.O. Box 632 | • | The Centre of | · |
| Tallahassee F | T 32314 | 2415 N. Monro | se Street, Suite \$10 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Holiday Hues by Kiki LLC | | | | |
|--|--|--|------------------------------------|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited | iny as it now appears on our r Liability Company) | ecords.) | |
| The Articles of Organization for this Limited I | Liability Company | were filed on 7/20/2023 | and assigned | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liah | ility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if appli | cable: | 407 Plaza Drive | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Unit 139 | | |
| | | Eustis, FL 32726 | | |
| Enter new mailing address, if applicable: | | 407 Plaza Drive | 2023 | |
| (Mailing address MAY BE A POST OFFICE | BOX) | Unit 139 | | |
| | | Eustis. FL 32726 | | |
| B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre | registered office | address on our records, <u>e</u> | nter the name of the new registere | |
| agent and/or the new registered office addre | ess nere; | | 문제 : | |
| Name of New Registered Agent: | Registered Age | ms Inc | | |
| New Registered Office Address: | 7901 4th Street | North, Suite 300 | | |
| | | Enter Florida street a | ddress | |
| | St. Petersburg | | Success 33702 | |

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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|-------------------------|---|----------------|
| AMBR | Katherina Cegarra Adamo | 407 Plaza Drive | |
| | | Unit 139 | _ |
| | | Eustis, FL 32726 | 5.00 |
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| 25th of July 2023 | ···- | |
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| Frective date, if other than the date of filing: ### Signature of a thember or authorized representative of a member #### (optional) #### (optional) #### (optional) ################################### | | |
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| ffective date, if other than the date of filing: S/3/2023 (optional) | | |
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| Katherina Cegarra Adamo | | significate of a member of authorized representative of a member |
| - | Katherina Cegarra Adan | 10 |
| Typed or printed name of signee | | |