

L23000377718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

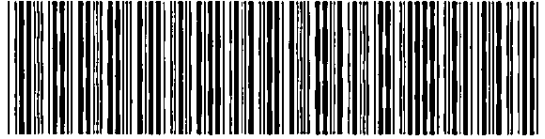
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 21 2023

Office Use Only



700414825097

09/05/23--01721--013 **30.00

FILED
23 SEP -5 PM 1:07
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

Dear Sir/Madam,

I am writing to request a name change for my business entity, Salt Life Cleaners LLC, currently registered under Document Number [Your Document Number] with the Florida Department of State. The new name I would like to register for is **Kathairo Crystal Solutions LLC**. My business is currently located at 5109 Bridge Road, Cocoa, Florida.

Enclosed with this letter is the necessary filing fee of 30\$ as well as the completed Name Change Amendment form, in accordance with the guidelines provided by the Florida Department of State. I have also attached proof of any required publication notices as per your regulations.

If you require any additional information or documentation to process this name change request, please do not hesitate to contact me at my daytime telephone number, 321-291-1983, or via email at noralustah@gmail.com. I am readily available to provide any further details or to answer any questions you may have regarding this request.

Thank you for your prompt attention to this matter. I look forward to receiving confirmation of the name change and any further instructions if necessary.

Sincerely,

NORA Luster

A handwritten signature in black ink, appearing to be 'NORA Luster', with a large, stylized flourish underneath.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALT LIFE CLEANERS 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:

Name of Person

SALT LIFE CLEANERS

Firm/Company

5109 Bridge Rd

Address

COCOA, FLORIDA 32927

City/State and Zip Code

noralustah@gmail.com

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

For further information concerning this matter, please call:

Nora Luster

321 291-1983

at (_____)

291-1983

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**

SALT LIFE CLEANERS 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 08/11/2023

Florida document number L23000377718

This amendment is submitted to amend the following:

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

KATHAIROS CRYSTAL SOLUTIONS 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

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

FILED
23 SEP - 5 PM 1:01
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 08/16/2023

Norm Lust

Signature of a member or authorized representative of a member

NO R A Luster

Typed or printed name of signee