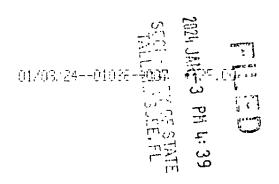
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Kaba Shottle, LLC Name of Limited Liability Company	
The englaced Assistant of Assaudance	me and for (a) are submitted for filling	
	nt and fee(s) are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
	Kida Kaba Shutte LLC Firm/Company	
	0175 FORTUNE PKWY #1103	
	JAX, FL. 32256	
K	City/State and Zip Code City/State and Zip Co	ز 1990ء اس
For further information concerning	this matter, please call:	•]
William Ben Name of Person	this matter, please call: Area Code Daytime Telephone Number 19 19 19 19 19 19 19 1	
Enclosed is a check for the followir	g amount:	
	00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, tificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporation P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kidz Kabz Sho	itte, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L230049657</u> / This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on $\frac{0+31,23}{2}$ and assigned	
		_
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	10175 FORNAL PKWY #1103	_
(Principal office address MUST BE A STREET ADDRESS)	NAK, FL. 32256	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ω	ered
Name of New Registered Agent:	pa —	
		-
New Registered Office Address:	Enter Florida street address	_
 	, Florida	-
New Registered Agent's Signature, if changing Registered Agent:	·	
TOWNED WINNESS OF ALL STATEMENT AS THE PROPERTY OF A PROPE	หดวงเทษอสหงา ee to act in this capacity. I further agree to comply with "performance of my duties, and I am familiar with and อัรอิงโปed for in Chapter 605, F.S. Or, if this document is	

Or register for MyAccount online

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	Zharia O'faire	5257 Boilard DR.	🗆 Add
		JAK, FL. 32209	[] Electrove
			□Change
AP	Davidar Grey	5257 Boilard DR. VAL, FL 32209	
		JAK, FL 32209	
			ℓ □Change
			
			Remove
		(1) (1)	υ β GGhange G
			□Remove
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	171 9
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing r	requirements, this date will not be listed as the
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed.	the earlier of: (b) The 90th day after the
Dated 11-19 2023	
Denjamin	
Signature of a member or authorized representative of	a member