

H24000245871 3

Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : EXPERTAX  
Account Number : I20200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Mont Saint Fluffy Frenchies LLC

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DIVISION OF CORPORATIONS

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T. LEE, FLEX

JUL 25 2024

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MONT SAINT FLUFFY FRENCHIES 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:

KELLEY COX

Name of Person

Firm/Company

800 NE 105TH LN

Address

ANTHONY, FL 32617

City/State and Zip Code

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

For further information concerning this matter, please call:

KELLEY COX

Name of Person

352 207-1616  
at ( )

Area Code

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MONT SAINT FLUFFY FRENCHIES 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 02/16/2024 and assigned  
Florida document number L24000079944.

This amendment is submitted to amend the following:

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

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:

EXPERTAX FINANCIAL LLC

New Registered Office Address:

3469W VINE ST

*Enter Florida street address*

KISSIMMEE

*City*

Florida

34741

*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.*

William Hoggellon

If Changing Registered Agent, Signature of New Registered Agent

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H240002458713

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>
MGR	KELLY COX	800 NE 105TH LN	<input type="checkbox"/> Add
		ANTHONY, FL 32617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KACWC HOLDING LLC	16192 COASTAL HIGHWAY	<input checked="" type="checkbox"/> Add
		LEWES, DE 19958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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H240002458713

**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 \_\_\_\_\_

Kelley Cox

Signature of a member or authorized representative of a member

KELLEY COX

Typed or printed name of signee

**Filing Fee: \$25.00**

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