## L2400011158

(Re	questor's Name)	
·	ŕ	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
	siness Entity Nan	no)
(Ou:	Silless Endity Man	ne,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	_





100426533441

04/08/24--01011--025 \*\*25.00

SECHLERY OF STATE

## **COVER LETTER**

TO: Registration Security Division of Corp			
	JTTIN'S LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
	NATIONAL FILING SYSTEMS LLC		
	<del></del> -	Firm/Company	, <del></del> .
	PO BOX 475		
		Address	
	ENON, OH 45323		
	dezaiffekathryn@gmail.co	City/State and Zip Code om	
	E-mail address: (	to be used for future annual report notif	cation)
For further information co	oncerning this matter, please c	all:	
KATHRYN DEZAIFFE		517 918-8621	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 

5: 00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KATIE'S KUTTINS L.L.C

(Name of the Limi	ited Liability Company as in (A Florida Limited Liability	now appears on our records Company)	<u>«_)</u>
The Articles of Organization for this Limited L Florida document number		filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	ipany," the designation "LLC"	"or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:	registered office addres	ss on our records, <u>enter</u>	the name of the new registered
	3280 NE 51ST AVE	-	
New Registered Office Address:		Enter Florida street address	
	HIGH SPRINGS	, Fla	32643 orida
New Registered Agent's Signature, if changing	Carried Agent:	ty.	Zip Code 2024
I hereby accept the appointment as registery provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree to over and complete perfo istered agent as provia registered office addre change.	rmance of my duties, an led for in Chapter 605, l	nd Lam familiar with and Frantiscope (F.S. Or, if this document is Frantiscope )

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>	<u>Name</u>	Address	Type of Action
AMBR	KATHRYN DEZAIFFE	3280 NE 51ST AVE	
			<b>=</b> Add
		High Springs, Florida, 32643	
			□Remove
			□Change
.P	DEZAIFFE, JERRY G	3280 NE 51ST AVE	<del>-</del>
		<u> </u>	□Add
		High Springs, Florida. 32643	
		, iigi. opiiiige, reneal ozo o	<b>≡</b> Remove
			Change
			Condinge
			□/tud
			□Remove
		-	Likemove
			F7771
			□ Change
			<b></b>
		<del></del>	
			<del></del>
			Remove
			Change
			Remove
			TALL CAR
			8
			Addb F
			S
			Remove
			m —
			□Change

		_
	<del>.</del>	_
		<del>-</del>
	 	_
		<del></del> 
		_
		_

Filing Fee: \$25.00