## L24000238012

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S. PRATHER

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
CHRISCE, KEVIN'S I	HARDWOOD CREATION LL	.C			
SUBJECT:		ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KEVIN BENLOSS				
		Name of Person			
	KEVIN'S HARDWOOD (	CREATION, LLC			
		Firm/Company			
	2640 NW HATCHES HA	RBOR RD, #201			
		Address			
	PORT ST LUCIE, FL 349	83			
		City/State and Zip Code	<del></del>		
	kevinhenloss3447@gmail.c				
		to be used for future annual report n	otification)		
For further information c	oncerning this matter, please c	all:			
KEVIN BENLOSS		at (754 ) 308-6229 Area Code Dayt			
Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for the	ne 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	<del></del>	Street Address:	··		
Registration Section Division of Corporations		Registration Section			
P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.

20%

KEVIN'S HARDWOOD CREATION LLC	•	
		C
(A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 05/22/2024	and assigned
lorida document number L24000238012		<u>છે</u>
orida document intimper	<del></del> •	( ) FO
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	mited liability company here:	
KEVIN'S HARDWOOD CREATIONS, LLC		
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)	
The state of the s		
Inter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)	·	
3. If amending the registered agent and/or register	red office address on our records, enter the	name of the new region
gent and/or the new registered office address here		Hattle W tile Hell Tegs
	•	
Name of New Registered Agent:		
New Registered Office Address:	C. Classica and I	<del></del>
	Enter Florida street address	
	. Florio	la
	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 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
MBR	DAVIA MARTIN	BO DULL HATCHES	) √.Add
		HARBOR RD # 201	
		Port 51 Lixie FL, 34983	⊡Change
			□Add
			□Remove
			🗓 Change
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ter effective date is listed, the date must be specific te: If the date inserted in this block does not ment's effective date on the Department	iot meet the applicabl	date of filing or more the statutory filing rec	ian 90 days after fili juirements, this da	ng.) Pursuant to ite will not be	605.026 listed a
cord specifies a delayed effective date, but s filed.	not an effective time	e, at 12:01 a.m. on th	e earlier of: (b)	The 90th day a	after th
ed_NOVEMBER 21	. 2024				
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<i>A</i>	Boyota member or authorize	ed representative of a	member	<del></del>	- E
<i>A</i>	of a member or authorize	ed representative of a	member	•	2024 DLC -

Filing Fee: \$25.00