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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

•	tion Section of Corporations		
SUBJECT:	KL SHOP ON Lin	ne LLC d Liability Company	
	eles of Amendment and fee(s) are submi	-	
	<u>kenny cr</u>	Name of Person	
	KL SHOP ON	Firm/Company	
	4760 DAN	2ig C+ Address	
	BRLANDO, FI	City/State and Zip Code ACLLCO GM AIL. Coc used for future annual report noti	
For further informa	E-mail address: (to later the first state of the fi		fication)
Kenny BR	lame of Person	at (699) 245- Area Code Daytim	1605 e Telephone Number
Enclosed is a check	for the following amount:		
☐ \$25.00 Filing I	Fee	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A	ddress:	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

KL SHOP Onlin	e lic	
(Name of the Limited Liab) (A Florid	lity Company as it now appears on or da Limited Liability Company)	nt tecoupy)
The Articles of Organization for this Limited Liability	Company were filed on _ <u> </u>	08 202 u and assigned
Florida document number <u>L 2400034 87(</u>	<u>15</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	√
Enter new mailing address, if applicable:		に
(Mailing address MAY BE A POST OFFICE BOX)		1- 2
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records	s, enter the name of the new registered
agent and/of the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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>	Type of Action
MGR	Kenny BRYAN LAYANA	6,17 Ochajao , to pishad Odfy	<u>salla</u> yaqq
			Remove
			Change
AMBR	Kenny Gryan Layana	4760 Danzis Chorumbo, (1, 328	11 🗹 Add
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an effe ote:	ve date, if other than the date of filing: ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record is file	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
ited _	08 115/2024 1 / / / / / / / / / / / / / / / / / / /
	1,1.1.1=
	Signature of a momber of authorized representative of a member
	Kenny Bryan Layana
	Kenny Brijan Lajana Typed of printed name of signce

Filing Fee: \$25.00