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TO:		istration Se sion of Cor						
CED IE	cr.	Kari's Korner, Hot Dogs, Ice Cream, and More LLC Name of Limited Liability Company						
SUBJE	CI:							
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn	all correspo	ndence concerning this matter	to the following:				
			James R Vanderpool					
				Name of Person				
			Kari's Korner, Hot Dogs.	ce Cream, and More, LLC				
				Firm/Company				
			10208 Julia Isles Ave					
		Address						
			Oxford, Florida 34484					
				City/State and Zip Code				
		jrvandy@aol.com						
			E-mail address: (to be used for future annual report not	ification)			
For furt	her in	formation c	oncerning this matter, please ca	all:				
James F	R Van	iderpool		206 713-7728				
		Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclose	d is a	check for th	ne following amount:					
■ \$25	i.00 F	iling 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)			
	Reg	ling Addres		Street Address: Registration Sc Division of Co				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kari's Komer, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L24000394075	were filed on September 9, 2024	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
Kari's Korner, Hot Dogs, Ice Cream, and More LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	10208 Julia Isles Ave	
Principal office address MUST BE A STREET ADDRESS)	Oxford, Florida 34484	
		3
inter new mailing address, if applicable:		- 1
Mailing address MAY BE A POST OFFICE BOX)		
		(3
		5.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	me of the new regist
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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Note: If	e date, if other ive date is listed, the date inserted it's effective date.	ed in this bloc	k does not n	neet the appli	icable statut	iling or more th ory filing req	(option 190 days after aircements, this	onal) filing.) Pursuant date will not l	to 605.0207 (be listed as t
e record s rd is filed	specifies a delay	yed effective (late, but not	an effective	time, at 12:	01 a.m. on the	e earlier of: (b) The 90th da	y after the
Solution Science Scien	eptember 14) Qu) (1 A	2024	 VQM	\int			
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Filing Fee: \$25.00