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(Requestor's Name)				
(Address)				
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K. SALY **EXAMINER** AUG 3 1 2011

COVER LETTER

	KRK COMMUNICAT	TONSTIC				
SUBJECT:	Name of Limited Liability					
The enclosed Articles o	f Amendment and fee(s) are submitted for file	ling.				
Please return all corresp	ondence concerning this matter to the follow	ving:				
	·	BETANCES of Person				
		7 1 (150))				
	KRK COMMUNICATIONS LLC					
	Firm/C	Company				
		CIRCLE WEST 6	106 sinte			
	Add	lress				
	KISSIMMEE	, FL 34744				
	City/State a	City/State and Zip Code				
	kbetances@	hotmail.com				
	E-mail address: (to be used for t	future annual report notificat	ion)			
For further information	concerning this matter, please call:					
KELV	N G BETANCES	239) 64	5-3302			
	of Person	Area Code & Daytime To				
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	Certificate of Status Certif	Filing Fee & fied Copy tional 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SELVILLANAY OF STATE
(ALLAHASSEE, FLORIDA

KRK COMMUNICATIONS 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	08/22/2011	and assigned	
Florida document numberL110000					
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	<u>·e</u> :		
	N/A	\			
The new name must be distinguishable and end v "L.L.C."	with the words "Lim	ited Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appl	licable:	N/A			
(Principal office address MUST BE A STRE	EET ADDRESS)		· · · · · · · · · · · · · · · · · · ·		
					
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	E BOX)				
B. If amending the registered agent and registered agent and/or the new registered			our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	N/A				
New Registered Office Address:					
	Enter Florida street 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amenting the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR_	MAYRENY POL	ANCO	2310 ACADEMY CIRCLE WEST KISSIMMEE, FL 34744 SUNC 206	✓ Add ☐ Remove
	 	<u> </u>		Add Remove
		······		Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amend	ding any other informa	tion, enter change((s) here: (Attach additional sheets, if necessary.)	_
				_
<u></u>				-
Dated	08/25/	Newin Br	etavaes	
	/ Sig		r authorized representative of a member	
			r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00