

L18000134859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

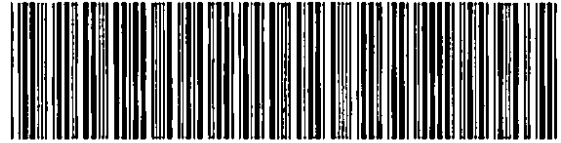
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 JAN - 7 PM 6:21
SECOND DISTRICT
TALLAHASSEE, FLORIDA

JAN 16 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KRAVEGAN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LATASHA S KAISER

Name of Person

KRAVEGAN LLC "WHERE FOOD IS LOVE"

Firm/Company

6001-21 ARGYLE FOREST BLVD PMB 166

Address

JACKSONVILLE, FL 32244

City/State and Zip Code

VEGAN@KRAVEGAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LATASHA S KAISER

904 990-6250

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KRAVEGAN 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 MAY 30, 2018 and assigned Florida document number L18000134859.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KRAVEGAN LLC "WHERE FOOD IS LOVE"

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6001-21 ARGYLE FOREST BLVD PMB 166

JACKSONVILLE, FL 32244

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6001-21 ARGYLE FOREST BLVD PMB 166

JACKSONVILLE, FL 32244

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19 JAN -7 PM 6:21
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LATASHA S. KAISER

New Registered Office Address:

6001-21 ARGYLE FOREST BLVD PMB 166

Enter Florida street address

JACKSONVILLE

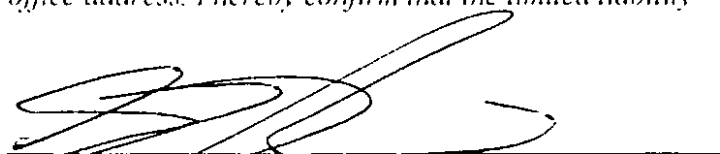
Florida 32244

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
OWNER	LATASHA S KAISER	6001-21 ARGYLE FOREST BLVD PMB 166 JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBER	LATASHA S KAISER		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	LLEWELLYN D KAISER	6001-21 ARGYLE FOREST BLVD PMB 166 JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBER	LLEWELLYN D KAISER		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*
OWNERSHIP PERCENTAGE CHANGE: LATASHA S KAISER, OWNER/MGR 60% OWNERSHIP

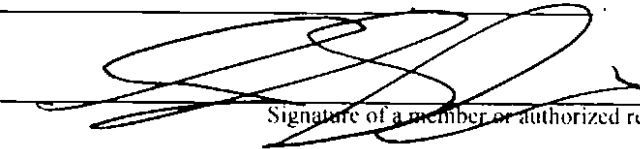
LLEWELLYN D KAISER, OWNER/MGR 40% OWNERSHIP

PLEASE REMOVE THE TITLE AMBR ONLY

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 27 2018



Signature of a member or authorized representative of a member
LATASHA S. KAISER

Typed or printed name of signee