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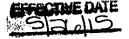
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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 0 1 2015

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## **COVER LETTER**

Division of Co 3M KRAL	•	<u>-</u> ,	,		
SUBJECT:	Name of Lim	ited Liability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Linda Votrubova				
		Name of Person		-	
	easy living USA				
		Firm/Company	····	-	
	3655 Cortez Rd W, unit 10	00			
		Address	- <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-1 5.	· SE
	Bradenton, Florida, 34210			SECRE	<b>~</b> ~~
	easylivingusa@icloud.com			m-<	FILEU ARY OF F CORT
	E-mail address: (	to be used for future annual report noti	ication)	F SI	OF STA
For further information of	concerning this matter, please ca	all:		공금 선	: 39 ATC
Linda Votrubova		941 8403188 at ( )			- ×
Name o	of Person	Area Code Daytime	e Telephone Number	<del></del>	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

## TO ARTICLES OF ORGANIZATION OF

3M KRAL, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		15 15 FA	3
Principal office address MUST BE A STREET ADDRESS)		CRE CRE	
		29 ASSEE	
Enter new mailing address, if applicable:		RPOR PH 12: Of ST E. FLO	ar S <b>T</b>
Mailing address MAY BE A POST OFFICE BOX)		10 A	<del>[</del>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of tl	ne ne
	_		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
<del></del>	City	7in 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
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Note:	tive date, if other than the date of filing: (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this dancent's effective date on the Department of State's records.	il) ng.) Pursua te will no	nt to 60 t be lis	5.0207 (3)(b) ted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	n. on the	earl	ier of:
Dated	O5/26/2015  Bradenton  Signature of a member or authorized representative of a member	SECRETARY	15 HAY 29	FIL SECRETARY DIVISION OF C
	Martin Kral	<sup>표</sup> 유	P	)%P(
	Typed or printed name of signee	STATE	PH 12: 40	STATE JRATIO

Page 3 of 3

Filing Fee: \$25.00