L12 0000 40192

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Se Division of Cor | | , , , , , . | . ** |
|--------------|------------------------------------|--|---|--|
| SUBJI | 3M KRAL | LLC | | |
| oon), | BC1: | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Michaela Dammova | | |
| | | ··· | Name of Person | |
| | | easy living USA | | |
| | | | Firm/Company | |
| | | 3655 Cortez RD W, unit 10 | 00 | |
| | | | Address | |
| | | Bradenton, Florida, 34210 | | |
| | | easylivingusa@icloud.com | City/State and Zip Code | garage and graph and a state of the state o |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For fur | rther information co | oncerning this matter, please ca | all: | |
| Micha | nela Dammova | | 941 726.1808 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for th | e following amount: | | |
| ₽ \$2 | 5.00 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

TO ARTICLES OF ORGANIZATION OF

| 3M KRAL, LLC | | |
|--|---|--------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our record a Limited Liability Company) | <u>s.</u>) |
| he Articles of Organization for this Limited Liability (lorida document number | Company were filed on | and assigned |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the lim | nited liability company here: | |
| ne new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Agiling address MAY BE A POST OFFICE BOX) | | |
| Tuning unitess WAT BE AT OST OFFICE BOX) | | |
| | | |
| . If amending the registered agent and/or regis | staned office address on our records | s enter the name of the s |
| gistered agent and/or the new registered office add | | |
| | | S DE |
| Name of New Registered Agent: | | AXI AXI |
| Hame of New Registered Agent. | ************************************** | S 7 |
| New Registered Office Address: | | TO 18 13 |
| | Enter Florida street addres | S |
| | , Flo | orida 😤 💫 |
| | 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---|----------------|
| MGR | Martina Kral | 4024 Overture Circle | ☐ Add |
| | | Bradenton, 34209, FLorida | ■ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
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| ffective date, if other than the date of filing: (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. Note: If the date inserted in this block does not meet the applicable statutory filing requirements occument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12: | (optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as |
| The 90th day after the record is filed. | |
| | |
| December 15 2015 Dated | |
| Dated | |
| | <u> </u> |

Page 3 of 3

Filing Fee: \$25.00