Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097

Phone : (727)279-5037

: (727)888-1294 Fax Number

Enter the email address for this business entity to be used for future \mathbb{Z}^n annual report mailings. Enter only one email address please.

Email Address: Kkrateslic@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K KRATES LLC

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Corporate Filing Menu

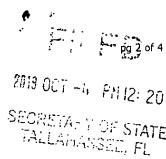
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



K KRATES LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	(appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L18000120422</u> .	on 05/14/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	17

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

Page 1 of 3

⊙ 10/04/2019 9:11 AM

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
MGR	SCALF, ZACKORI	6235 MASSACHUSETTS AVE	□ Add
*************		UNIT#3	■ Remove
		NEW PORT RICHEY, FL 34653	
MGR	eCOM MANAGEMENT TRUST	9679 LAKEVIEW DRIVE	
		NEW PORT RICHEY, FL 34654	
			Remove
			Change
			🖸 Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

			☐ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change

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D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			
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(If an effective d <u>Note:</u> If the	e, if other than the date of filing: the is listed, the date must be specific and cannot be prior to cate inserted in this block does not meet the applicable fective date on the Department of State's records.	(optional) late of tiling or more than 90 days after filing.) Pursuant to 605.02 e statutory filing requirements, this date will not be listed	207 (3 µb) as the
	pecifies a delayed effective date, but not a day after the record is filed.	n effective time, at 12:01 a.m. on the earlier	of:
Dated	BER 3 2019 John K	Oshana	
	Signature of a member or authoriz	ed representative of a member	
JO	HN RIDINGER		
_	Typed or printed r	ame of signee	

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Filing Fee: \$25.00