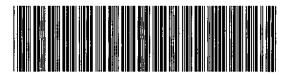
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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Sec Division of Corp		•		
SUBJECT: Krau En	terprises, LLC (Name of Limi	ited Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Joseph A. Porrello			
		(Name of Person)		
	Joseph A. Porrello, P.A.			
		(Firm/Company)		
	P.O. Box 450249			
		(Address)		
	Miami, Florida 33245			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please c	all:		
Joseph A. Porrello		at (305) 374-0092		
(Name o	f Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for th	e 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

Krau Enterprises, LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records imited Liability Company)	D
(1110100	minou suomy company,	
The Articles of Organization for this Limited Liability Co	ompany were filed on November 2, 2006	and assigned
Florida document number L06000106622	_·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	·
The new name must be distinguishable and end with the wor- "L.L.C."	ds "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	··
		8 ∑ _S
		CCRE SION
Enter new mailing address, if applicable:		7 95.
(Mailing address MAY BE A POST OFFICE BOX)		2×2
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		• AA
B. If amending the registered agent and/or regist	ered office address on our records, er	
registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stre	et address)
	, Floric	
	(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, thereby 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 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 **Type of Action** Address **Title Name** Caridad Barbosa MGRM 1143 Kane Concourse **■** Add Bay Harbour Islands, Florida 33154 Remove ☐ Add Remove 🗂 Add ☐ Remove ____Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Scotember 29 11 2008.

Signature of a member or authorized representative of a member

Ary Krau, Managing Member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00