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## **COVER LETTER**

TO:

	on Section f Corporations		
SUBJECT:K	RAAZ & KRAAZ FINANCI	E. LLC	
	Nam	e of Limited Liability Company	
The enclosed Articl	les of Amendment and fee(s)	are submitted for filing.	
Please return all co	rrespondence concerning this	matter to the following:	
	HANS E KR		
		Name of Person	
	KRAAZ & E	RAAZ FINANCE, LLC Firm/Company	
		тинхонрану	
	124 A NORTE	2ND STREET	
		Address	
	FORT PIERCE,		<u> </u>
		City/State and Zip Code	
	NBATES@BO. E-mail u	ATLOAN.COM ddress: (to be used for future annual report	notification)
For further informa	tion concerning this matter,	please call:	
NIKKI BATES	•	at ( 772 ) 713-760	60
N	lame of Person		ytime Telephone Number
Enclosed is a check	for the following amount:		
<b>☎</b> \$25.00 Filing F	Fee S30.00 Filing Fe Certificate of S		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registra	. <u>ddress:</u> tion Section	<u>Street Address</u> Registration	
Division	of Corporations	Division of	Corporations
P.O. Boy Tallahas	k 6327 see, FL 32314		of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRAAZ & KRAAZ FINANCE, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company)	<u>.</u> }
The Articles of Organization for this Limited Liability C	ompany were filed <u>09/28/2009</u>	and assigned
on Florida document number L09000093242	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
		2020
		DEC.
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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>	Type of Action
MGR	KRAAZ MANAGEMENT, LLC	124 A NORTH 2ND STREET, FORT PIERCE. FL 34950	□Add
			( <b>⊠</b> Remove
			□Change
_MGR	HANS E KRAAZ	124 A NORTH 2ND STREET, FORT PIERCE FL 34950	(2\) Add
		<del></del>	□ Remove
			□Change
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to e:  If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.020
cord specifies a delayed effective date, but not an effective time filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed_DECEMBER 3	?.
NINK.	
Signature of a member or authorize	ved representative of a member
/ \ / //	