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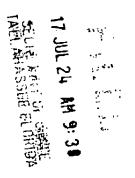
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COVER LETTER

	Registration Sec Division of Corp		•		
SURIF <i>C</i>		CRAFT LLC			
SUBJECT:Name of Limited Liability Company					
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for tiling.		
Please ret	um all correspor	ndence concerning this matter	to the following:		
		MITCHELL S. KRAFT			
			Name of Person		
		KRAFT & KRAFT LLC			
			Firm/Company		
		1440 CORAL RIDGE DR	IVE #217		
			Address		
		CORAL SPRINGS FLOR	IDA 33071		
			City/State and Zip Code		
		MITCHKRAFT@GMAIL.		,	
			to be used for future annual report notifi	ication)	
For furthe	r information co	neerning this matter, please ca	all:		
MITCHE	LLS KRAFT		954 593 1952 at ()		
	Name of	Person		Telephone Number	
Enclosed	is a check for the	e following amount:			
S \$25.04	0 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

17 HH 21 44 -

KRAFT & KRAFT LLC

17 JUL 24 AM 9: 38
SECIE SHY OF SHEET
AFT AFFASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/29/2011 _____ and assigned Florida document number L11000134248 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MITCHELL'S, KRAFT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." NOT APPLICABLE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NOT APPLICABLE 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 on our records, enter the name of the new registered agent and/or the new registered office address here: NOT APPLICABLE Name of New Registered Agent: NOT APPLICABLE New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		NOT APPLICABLE	
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	<u> </u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3 utory filing requirements, this date will not be listed as the
ecord specifies a delayed effective date, but not an ef ne 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
July 19 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00