-12000148006

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
i 		
		Λ
		<u> </u>
	Office Use Only	

B. KOHR JUL - 2 2012

EXAMINER



500236759735

06/27/12--01012--003 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	KRYSTIA	N SANTINI LLC		
	Name of Limi	ted Liability Company		
	f Amendment and fee(s) are sub	-	DIVISION OF CO. 12 JUL 27 M. S.S.	
Please return an corresp	condence concerning this matter	to the following:	2	
		Barry L Simons		
		Name of Person	్ క	
	Law O	ffice of Barry L Simons PA		
Firm/Company				
	9100 S. Dadeland Blvd., Suite 400			
		Address		
		Miami, FL 33156	. <u> </u>	
		City/State and Zip Code		
	E-mail address: (rry@barrysimons.com to be used for future annual report noti	lication)	
For further information	concerning this matter, please of	eall:		
Ba	arry L Simons	at (_305)	670-7020	
	of Person	Area Code & Daytin	670-7020 ne Telephone Number	
Enclosed is a check for	the 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)	
MAI	LING ADDRESS:	STREET/COUR	IER ADDRESS:	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRYSTIAN SANTINI LLC

(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 ______ April 9, 2012

Florida document number _____ L12000048006 _____.

This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	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, 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

and assigni

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member
Title Name

<u>Title</u>	Name	Address	Type of Action
MGRM	Epiphany Reynoso	9100 S. Dadeland Blvd. Suite 400 Miami, FL 33156	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amend	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessar	y.)
_			
	A		
Dated	<u> </u>	2012	
		Barry L Straons Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00