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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO:	Registration Solution Of Con			
CHE	o Com.	Krieg I		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Rachel Kane Name of Person Donald J Weiss, Esquire PC Firm/Company 6 Dickinson Dr, Ste 110 Address Chadds Ford PA 19317 City/State and Zip Code r.kane@weisstax.com E-mail address: (to be used for future annual report notification)			· · · · · · · · · · · · · · · · · · ·	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Rachel Kane	
			Name of Person	
			Donald J Weiss, Esquire PC	
		<u> </u>	Firm/Company	
			6 Dickinson Dr, Ste 110	
		_	Address	
			Chadds Ford PA 19317	
			·	
		E mail address (-	
F 6			•	(callon)
FOR TUR	iner information c	oncerning this matter, please c	an:	
Rachel	Kane		610 459-1700 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	ne following amount:		
\$25	5.00 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**

Krieg Intl LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document numberL12000103604	vere filed on	08/13/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the des	signation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			Marine Ma
(Principal office address MUST BE A STREET ADDRESS)			Part S
			15 (15) 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	a street address	
	C:4.	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	,	zip Code

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

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

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove □ Change
			□ Change
			☐ Remove
			☐ Change
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			☐ Change
			Add
			Remove

_□ Change

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Typed or printed name of signee

Filing Fee: \$25.00