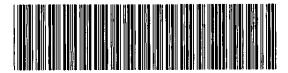
140000364HC

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800263152448

PARTICIONAL SERVICES 14 SEP 18 PH 1:44

B. BOSTICK SEP 1 9 2014

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/18/14

NAME:

KRYPTONIUM HOLDING LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ptonium Holding LLC	•		
(Name of the Limited I	jability Company as it now appear lorida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L14000036449</u>		March 4, 2014	and assigned	
This amendment is submitted to amend the following	ng:	•		
A. If amending name, enter the new name of the	limited liability company he	<u>ere</u> :	·	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the	designation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable	:			-
(Principal office address MUST BE A STREET A	DDRESS)	····	_ <u> = = = = = = = = = = = = = = = = =</u>	- 04
·			<u> </u>	
			,	
Enter new mailing address, if applicable:	<u> </u>		· · ·	- u h
(Mailing address MAY BE A POST OFFICE BO)	0			_ (=
			المار المار	•
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the	new
Name of New Registered Agent:	,	······		_
New Registered Office Address:				
	Enter Flori	da 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 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u> MGRM	Name IVAN STIPEK	Address PRICNA 474	Type of Action
		VELKA DOBRA, NA 2736	
		Czech Republic	
MGR	Daniel Machacek	Križkova 1766	Add
		Krocehlavy, Kladno 2720	□ Remove
		Czech Republic	·
			🖸 Add
			D Remove
			
	<u> </u>		□ Add □ Remove?
<i>*</i> '			C C
		·	Add =
	•		_□ Remove
			_ 🖸 Add
			□ Remove

•	lf amend	ling any other information, enter	change(s) here: (Attach a	dditional sheets, if necessary.)
		·	<u> </u>	
[] (°	The effective	date, if other than the date of filing the date must be specific, cannot be prior to do is document is filed by the Florida Department.	late of receipt or filed date and ca	(optional) unnot be more than 90 days after
]	Dated	September 17	2014	•
		Signature of a	member or authorized represen	tative of a member
			Ivan Stipek	
			Typed or printed name of sign	100

Page 3 of 3

Filing Fee: \$25.00