

**L14000067463**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000362533 3)))



H21000362533ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NIBIO ELECTRONICS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP 29 2021

A. LUNT

2021 SEP 28 AM 11:59

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 SEP 28 AM 10:17

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NIBIO ELECTRONICS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
CLERK OF COUNTY OF MIAMI  
2021 SEP 28 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 04/25/2014 and assigned  
Florida document number L14000067463

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KRESKO LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

12600 NW 25TH STREET,

SUITE 107

MIAMI, FL 33182

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12600 NW 25TH STREET

SUITE 107

MIAMI, FL 33182

**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:**

Name of New Registered Agent: DAVID HASBUN

New Registered Office Address: 12600 NW 25TH STREET, SUITE 107  
*Enter Florida street address*

MIAMI, Florida 33182  
*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.*

DocuSigned by

*David Hasbun*

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 80D2A803-1DE4-4BE4-98DC-4D7404985595  
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>	<u>Type of Action</u>
MGR	DAVID HASBUN	12600 NW 25TH STREET,	<input type="checkbox"/> Add
		SUITE 107	<input type="checkbox"/> Remove
		MIAMI, FL 33182	<input checked="" type="checkbox"/> Change
MGR	SEBASTIAN ABELLO	12600 NW 25TH STREET	<input type="checkbox"/> Add
		SUITE 107	<input type="checkbox"/> Remove
		MIAMI, FL 33182	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: 80D2A803-1DE4-4BE4-98DC-4D7404985595

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2021 SEP 28 AM 10:17

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 27, 2021

- DocuSigned by:

David Hasbun

DEFB4D9D9FDC465

Signature of a member or authorized representative of a member

DAVID HASBUN

Typed or printed name of signee