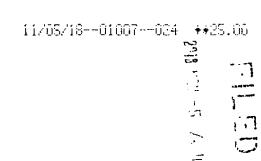
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(Requestor's Name)
(Address)
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## **COVER LETTER**

	egistration Sec ivision of Corp						
cus mes	Krezar Hol	dings LLC					
SUBJECT	:	Name of Lim	ited Liability Company				
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		Vincent Zarrella				5 1 1.	
		Krezar Holdings LLC	Name of Person			-	
		12130 NW 7th Street	Firm/Company			) 行	T)
		Plantation, Florida 33325	Address		7-	0	
		vinnyzarrella@gmail.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notific	cation)			
For further	information co	oncerning this matter, please co	all:				
Vincent Z	arrella		954 980-8009 at ()				
·	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed i	s a check for th	ne 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 Fil Certificat Certified (additional	te of Stat Copy		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krezar Holdings LLC		
(Name of the Limited Liab (A Flor	illity Company as it now appears on our record ida Limited Liability Company)	5.1
The Articles of Organization for this Limited Liability	Company were filed on 6/16/2014	and assigned
Florida document number L14000096746	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
		, r.a
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	or the abbreviation "L.Iz.C."
Enter new principal offices address, if applicable:		a trade
<u>Principal office address MUST BE A STREET ADI</u>	DRESS)	
Enter new mailing address, if applicable:		თ
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg	gistered office address on our records	s, enter the name of the ne
egistered agent and/or the new registered office ac	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	z,
	, Flo	orida
	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

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>	Type of Action
AMBR	Amy Zarrella	10208 NW 24 PL UNIT 304 SUNRISE FL 33322-6865	
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an effective date is listed, the Sote: If the date inserted in	date must be specific and cannot this block does not meet the name the Department of State's r	be prior to date of filing applicable statutory	g or more than 90 days afti	er filing.) Pursuant to 605	5,0207 .ed as
e record specifies a d The 90th day after ti	elayed effective date, l ne record is filed.	out not an effect	ive time, at 12:01	a.m. on the earli	er o
November 2	,	8 			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee