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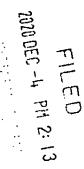
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COVER LETTER

TO:

Registration Section

Division of C	Corporations							
	tions Group LLC	•						
SUBJECT:	Name of Lin	nited Liability Company	44 14					
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.						
Please return all corres	spondence concerning this matter	to the following:						
	Ricardo Rampaul							
		Name of Person						
	Krr Solutions Group IIc							
		Firm/Company						
	6213 Flores Del Mar							
		Address						
	Margate, FL, 33063							
		City/State and Zip Code						
	krrtaxgroup@gmail.com							
		to be used for future annual report n	otification)					
For further information	n concerning this matter, please o	all:						
Ricardo Rampaul		954 5120198 at ()						
Nam	e of Person	Area Code Dayt	ime Telephone Number					
Enclosed is a check fo	r 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)					
Mailing Add Registratio		Street Address:	Section					
-	Corporations	Registration Section Division of Corporations						
P.O. Box 6	327	The Centre of	Tallahassee					
Tallahassec	e, FL 32314	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krr Solutions Group LLC
(Name of the Limited Liability Company as it now appears on our records.)

(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 ______ and assigned Florida document number L14000164552 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 6213 Flores Del Mar (Mailing address MAY BE A POST OFFICE BOX) Margate, FL, 33063 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: 6213 Flores Del Mar New Registered Office Address: Enter Florida street address Margate City 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:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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	ne date inserte s effective da					statutory	iiing requ	irements, t	nis date wi	ii not be ii	sted a
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	R.K	S	gnature of a	ı member o	or authorize	d representa	ative of a m	ember			

Filing Fee: \$25.00