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SECRETARY OF STAIL

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COVER LETTER

TO: Registrati Division o	on Section f Corporations		
Kris	Phillips LLC		
SUBJECT:	Name of Lim	ited Liability Company	
•			
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	rrespondence concerning this matter	to the following:	
	Kristopher Maldona	do	
		Name of Person	1 1 1 2 20 1001
	Kris Phillip LLC		
	·	Firm/Company	***
	650 Coral Way, Uni	t 107	
	- ,	Address	
	Coral Gables, FL 33	3134	
		City/State and Zip Code	
	kpmcpa@hotmail.co		
	E-mail address: (to be used for future annual report notifi	cation)
For further informat	tion concerning this matter, please c	all:	
Kristopher Mal	donado	309 648-2716	
N	ame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ee \$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

Kris Phillips LLC			
(Name of the Lim	ited Liability Co (A Florida Lim	mpany as it now appears on out ited Liability Company)	r records.)
he Articles of Organization for this Limited I lorida document number L14000174223	Liability Comp	pany were filed on 11/10/2	2014 and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited	liability company here:	
(ris Phillip LLC			
he new name must be distinguishable and end with th	e words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>	N/A	15 JA SEDRE
	-		>₹ 1 ∴
. If amending the registered agent and	•		
egistered agent and/or the new registered of	office address	here:	records, enter-the name of the
Name of New Registered Agent:	N/A		> -
New Registered Office Address:			
		Enter Florida stre	et 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

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 = M AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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N/A		
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ctive date, if other than the date	e of filing:	(optional)
effective date must be specific, cannot be	prior to date of receipt or filed date and cannot	(optional) be more than 50 days and
effective date must be specific, cannot be date this document is filed by the Florida December 30	prior to date of receipt or filed date and cannot	(optional) be more than 90 days and
date this document is filed by the Florida	prior to date of receipt or filed date and cannot Department of State	(optional) be more than 90 days and
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Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE ELOBIN