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SECRETARY OF STATE

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S. YOUNG

TALLAHASSEE, FLORIDA

COVER LETTER,

TO: Registration Se Division of Cor				
CVIDALCO	K	rodox LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
		Julian Beaujardin		
		Name of Person		
		Krodox LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		3250 NE 1st Ave #305		
		Address		
		Miami FL 33137		. 2 9
		City/State and Zip Code		SECRETARY 15 OCT 31
		ılian.beaujardin@gmail.com		OT TAR
	E-mail address: (to be used for future annual rep-	ort notification)	
For further information c	oncerning this matter, please c	all:		宝 景
Julian E	Beaujardin	305 at ()	7993207	ESTEL GRIDA
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Certificate of	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krodox LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{01/26}{1}$	/2015	and assigned
Florida document numberL15000014444			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here	;	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			一
			O ET-
Enter new mailing address, if applicable:			m mac
(Mailing address MAY BE A POST OFFICE BOX)			7: 50
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Liudmila F	Herrera	
New Registered Office Address:	9501 Fontainebl	eau Blvd Apt 414	
· · · · · · · · · · · · · · · · · · ·	Enter Florida	street address	
	Miami	, Flor i da	33172
	City		Zip Code

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	Julian Beaujardin	9501 Fontainebleau Blvd Apt 414	□ Add
			☐ Remove
			Change
			Add
			Remove
			Charge S
			Charge Charge
			□ Remove TO
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ument s	effective date on the Department of State's records.	
record	specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier
	n day after the record is filed.	
	October 25th 2016	
ted	October 25th 2016	(Car Dir
	Signature of a member or authorized of a member of of a	

Page 3 of 3

Filing Fee: \$25.00