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(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

1.5

TO: Registration Section Division of Corporations	
SUBJECT: KR Delights LLC (Name of Limited Liability Core)	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Leun Koth (Contact Person)	· · · · · · · · · · · · · · · · · · ·
KR Dello Wt 5 (Firm/Company)	-
1282 Hams Way	_
Port Orange, FL 30109 (City/State and Zip Code)	-
For further information concerning this matter, please call:	•
Kevin Koth at (386) (Name of Contact Person) (Area Code) 690 - 2/69 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KR Delig	ihts, LLC
(<u>Name of the Limited Liabil</u> (A Flord	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>LISOOO1909</u>	Company were filed on $\frac{01/23/2015}{2015}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

MGR =	Manager .	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin J. Koth	1282 Harms Way,	j Z(Add
		1282 Harms Way, Port Orange, FL 32129	Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	□ Add
			Remove
			Change
			□ Add
			Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	1910 FOLO - 1911
_	
_	

_	
_	
_	

F100 .1	
Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated _	9/1/15
	Figure Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00