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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: R	2A Sons Serv Name of Limit	uices LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	An	dres T. Rojas	
		Name of Person	
		Firm/Company	
	1403 NE	18th Street Address	
		Address	
	Cape	City/State and Zip Code	
-	dro	o be used for future annual report noti	ces.com
For further information conc			ncanon)
Andres F. Roj	q \$		-5108
Name of Pe	rson	Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing 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 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

KRA	Sons Serv	ices LL(•	
(Name of the Limited	Liability Company of Florida Limited Liab	as it now appears of ility Company)	n our records.)	
The Articles of Organization for this Limited Liab Florida document number		ere filed on	March 123/20	15 and assigned
This amendment is submitted to amend the follow	•			
A. If amending name, enter the new name of t			•	
The new name must be distinguishable and contain the wor	Sons Se	Company" the desir	onstion "IIC" or the	hbreviation "L. I. C."
		Company, the test		aboreviation E.E.G.
Enter new principal offices address, if applical				<u> </u>
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	·		
	_			SEP 3
Enter new mailing address, if applicable:	-			16 SEP 30 PH 2: 47
(Mailing address MAY BE A POST OFFICE B	<u>0x)</u> _			
	-		···-	
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on o	ur records, <u>ente</u>	•
Name of New Registered Agent:		<u></u>		
New Registered Office Address:	1403 NE	18th Stree	street address	
	Cape Core	City	, Florida _	33909 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	Manuel Alejandro Rojas	1403 NE 18th 5t	
		Cape Corch, #1.33909	Remove
			□ Change
MBR	Karla Dennys Pereira	1403 NE 18451	🗀 Add
	•	Cape Cord, 71. 33909	Remove
			Change
			Add
			☐ Remove
			Change
			🗆 Add
			Remove
			Remove 16 DIVIS Thanks
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			Change

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fect	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
rec	
	90th day after the record is filed.
The	
The	September 24, 2016
The	

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Filing Fee: \$25.00