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K.SOLY EXAMINER DEC 29 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Krazy 6 Z LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ORTHERINE MOKHINAMIS  Name of Person
TRAZY G'Z LLC Firm/Company
504 DAIFTWOOD DE. E.
Address
Address  THU HARBON, FL. 34683  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bi

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

121

Zip Code

ARTICLES OF O	RGANIZATION /L /C//
OF	2015 NEO -
(Name of the Limited Liability Compan (A Florida Limited Li	RGANIZATION  2015 DEC 28 PM 5: 0.  Vas it now appears on our records.)
	$\sim \eta_R \eta_L^2$
The Articles of Organization for this Limited Liability Company v	were filed on 9/11/2015 and assigned
Florida document number <u>L15000 15283'3</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address 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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	niager thorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	CRAIG VARIO	2411 S. DUNDEE ST. Jumps FL.	33629 D Add
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			D Add
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			Change
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			☐ Remove
			☐ Change
<del></del>			□ Add
		<del></del> -	Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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_		Signature of a	member or author	rized representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00