(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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TO: Registration Section
Division of Corporations

Krispy Krishna, LLO	Krispy	Krishna,	LLC
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SUBJECT:

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:

·	, and the second	J	
	Angela Schaffer		
		Name of Person	····
	Krispy Krishna LLC		
		Firm/Company	
	6405 SW 37th Way		3
		Address	
	Gainesville, Fl 32608		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	\$ 18 ST 18 S	rangeria
Angel Schaffer		352 359-2506	
Name	of Person		Telephone Number
Enclosed is a check for t	the following 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

SECRETARY OF STAISH TALLAHASSEE, FLORISH

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Krispy Krishna, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/21/2015	and assig	med
Florida document number L15000179204	→		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	ibbreviation "L.L.	C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADDR	ESS)	6 KAR	LAHV.
		10 P	13.50 13.50
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	PM 2:	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter</u> ess here:	r the name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	PP-1	
	, Florida		
	, Florida	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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Daniel Schaffer	6405 SW 37th Way, Gainesville, Fl	Add
			Remove
			Change
			□ Remove
			Change
			SECRETA FALLABA Remove
			ARY OF STATE AND A
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ective date, if other than the date of filing: (optional)	ဋိ
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date was ument's effective date on the Department of State's records.	Pursuant to 605.0 vill not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o he 90th day after the record is filed.	n the earlier
ed March 7, 2016.	
Signature of a member or authorized representative of a member	
pignature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00