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### **COVER LETTER**

Division of Corpo	prations		
SUBJECT: Kru	pa Interno Name of Limi	ational LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Cath	Yn Buday Name of Person	
	1.2	ernational, LL	.C
	PO.	Box 7/2	
	<u>Jupit</u>	er, FL 3346 City/State and Zip Code	08
	info@Kru E-mail address: (1	painternational de be used for future annual report notifica	1. com
For further information con	cerning this matter, please ca	all:	
Cathryn Name of P	Buday	at (561) 568 - Area Code Daytime To	2850 elephone Number
Enclosed is a check for 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

## TO ARTICLES OF ORGANIZATION OF

Krupa Internation (Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15 000 1 86 0</u> 2 6	were filed on $\frac{11/02/2015}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."  110 Front Street Suite 30  Jupiter, FL 33477
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 712 Jupiter, FL 33468
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:  // F	ront Street Suite=300 Enter Florida street address
_ Jup	City, Florida 33477 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

#### or removed from our records:

or removed	from our records:		
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cathryn Buday	5025 Fairways Cir	□ Add
		#B103	
	_	Vero Beach, FL 329	☐ Change
MGR	Cathryn Buday	110 Front Street	Add
		Suite 300	☐ Remove
		Jupiter, FL 3347	7 Change
			🗖 Add
			Remove
			□ Change
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		2. 90	
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(If an effe	ve date, if other than the date of filing:	0207 (3) d as the
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated .	alhum Rud 1	
	Signature of a member or authorized representative of a member  Cathryn Buday	

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Filing Fee: \$25.00