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**S MASON** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: KRYSTAL IN VESTMENT PROPERTIES LICE Name of Limited Liability Company
	/ Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
•	
	HENRY NARVAEZ  Name of Person
	/ Name of Person
	Firm/Company
	This company
	10578 CORAL Key AVE LUAGA
	Address
	City/State and Zip Code
	• • • • • • • • • • • • • • • • • • • •
	Henry NAR Q 3BC ELOBAL. Net  E-mail address: (to be used for future annual report positication)
	E-mail address; (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
H	Name of Person Area Code Daytime Telephone Number
7	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
<b>Z</b> \$25.	00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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

KRIS + AL INVESTMENT DRO Deeties LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number 415000 209695		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	v 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 office address here:  Name of New Registered Agent:		
New Registered Office Address:		<b>.</b>
	Enter Florida street o	uddress
	Ci.	_, Florida Zip Code
N. Duistand America Beristand America	City	z.p Code
New Registered Agent's Signature, if changing Registered Agent:		I forther arms to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete praccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dutie ovided for in Chapter ( ddress, I hereby confir	es, and I am familiar with and 605, F.S. Or, #this document is
It Chang	ing Registereu Agent, <u>Signs</u>	RA -

## 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> <u>Name</u> <u>Address</u> **Type of Action** □ Add \_□ Remove ☐ Change \_□ Add □ Remove \_ Change

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