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## **COVER LETTER**

TO: Registration Division of C	n Section Corporations	
SUBJECT:	SAM KRACMEN LLC  Name of Limited Liability Company	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	SAM KRAENER Name of Person	
	Name of Person	
	SAM KRACHEN LLC	
	SAM KRALNEN LLC Firm/Company	
	13241 BARTRAM PARK BLVD #601 Address	
	Address	
	JACKSON VILLE FT. 32258	
	JACKS ON VIICE, FZ 32258  City/State and Zip Code	
	1234 SAM @ Rell COUTY, WET	
For further information	on concerning this matter, please call:	
SAM K	RAEMER at (904) 233-0566 55 5	
Nan	Area Code Daytime Telephone Number	7
Enclosed is a check for	or the following amount:	
\$25.00 Filing Fee	Certificate of Status  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

SAM KRAEMEN	
( <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 Florida document number <u>L/6 00080 78962</u>	ompany were filed on 4-21-2016 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  SHK MARKETING	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(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	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter riorida street daaress
	City

## 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 = MARCHARD MGR = A	anager uthorized Member		
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