From: Amelia Basso

Fax: (954) 633-7850

Fax: (850) 817-8383

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Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number

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From:

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Account Number : I20100000080 Phone : (954)366-3850

Fax Number : (954)633-7850

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To:

Fax: (850) 817-8383

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COVER LETTER

TO:	Registration Sec Division of Corp				:
			AFT LLC		:
SUBJ.	ECT:	Name of Limi	ted Liability Company		
T		6 1 1 1 1 1 1	: :		•
		Amendment and fee(s) are sub-	:		``. ''
Please	return all correspo	ndence concerning this matter t	to the following:		:
			RODOLFO E KRAUS	5	· ·
			Name of Person iv	ici !	
			K CRAFT LLC	r	:
			Firm/Company		<u> </u>
			5607 NW 48TH WAÝ		:
			Address		:
			TAMARAC, FL 3331	9	:
			City/State and Zip Cod	e	
			AXRIGHT7@YAHOC		
			to be used for future annu-	al report notifica	tion)
For fi	irther information c	oncerning this matter, please co	all:		
	RODOLFO E	KRAUS	754 at ()	235-1781	· ;
	Name o	f Person	Area Code	Daytime T	elophone Number
Enclo	esed is a check for t	he following amount:	,	1	•
	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55:00 Filing For Certified Copy (additional copy is	•	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations		Regist ¿Divisķ	ET/COURIES	
P.O. Box 6327 Tallahassee, FL 32314			2661 E	Building Executive Centers assee, FL 3230	

Fax: (954) 833-7850

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

К	CRAFTILLC AND STATE	÷	
(Name of the Limited Liability (A Florida)	Company as it new appear Limited Liability Company)	ers on our records.	
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000075426</u>	ompany were filed on _	04/04/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	designation "LLC"	_
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR.	ESS)		20
		· · · · · · · · · · · · · · · · · · ·	() = 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ラシ 長
	the first of the second	· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		on our records,	enter the name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		,	
	#Inter Fl	orida street address	
	City	, Flor	rida
New Registered Agent's Signature, if changing Registered	*		Lip Citte
			a
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of gent as provided for in	of my duties, and Chapter 605, F	I I am familiar with and S.S. Or, if this document is
	~ ,	; ;	
	If Changing Registered	Agent, Signature of	New Registered Agent

From: Amelia Basso Fax: (954) 833-7850 To: Fax: (850) 817-8383 Page 4 of 5 04/27/2018 12 09 PM
It 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

AMBR = Authorized Member Title Name AMBR		Şi.	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CRISTINA PEDRAZA DE KRAUS		■ Add
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ia Basso Fax: (954) 633-7850 If amending any other informatio		,					
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Effective date, if other than the da	ate of filing;	04/05/201		(opti	onal)		
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