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# **COVER LETTER**

TO: Regis Divis	ration Section on of Corporations
SUBJECT: _	KR Consulting, LLC  Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return a	correspondence concerning this matter to the following:
	Kristen Runci Name of Person
	KR Consulting, uc
	Firm/Company
	1315 Federal Hwy, Apt 322
	Address
	BOCA RATON, FL 33432  City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used forfuture annual report notification)
For further inf	rmation concerning this matter, please call:
Kris	Name of Person at (508) 439 · 7085  Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a c	eck for the following amount:
\$25.00 Fil	rig 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

KR Consultin		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1700176380</u>	were filed on $\frac{8/17/17}{}$	and assigned
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 Liabilit	y 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:		17 AUG 23 PH
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<del>``</del>
B. If amending the registered agent and/or registered offire registered agent and/or the new registered office address here:		er the name of the new
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	Ciņ	Zip Code
- · · · · · · · · · · · · · · · · · · ·		

w Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and opt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

	MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
<u>4mBR</u>	Kristen Runci	131 S. Federal Hwy, Apt 322 Boca Raton, FL 33432	Add				
			Remove				
			Change				
			Add				
		<del></del>	□ Remove				
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1 1 1	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	OLVISION OF PH 1: 19 DIVISION	=
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	<del></del>	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.	f:
Dated	August 21 , 2017  2017  Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Kristen M. Runci Typed or printed name of signee	
	Typed or printed name of signee	

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Filing Fee: \$25.00