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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration S Division of Co			
KRISTA	L KLEAR III, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Mark G. Ayesh		
		Name of Person	
	Ayesh Law Offices		
•		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	8100 E. 22nd St. N., Bldg.	2300, Suite 2	
		Address	
	Wichita, KS 67226		
		City/State and Zip Code	
	mayesh@ayesh.kscoxmail.c	om o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	•	(Carlotty)
Mark G. Ayesh		316 682-7381	
Name	of Person	Area Code Daytime	Telephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRISTAL KLEAR III, 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 were filed on August 23, 2017 and assigned Florida document number L17000180154 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Florida

· 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>	Address	Type of Action
MGR	Douglas A. Miller	112 Seascape Dr.	■ Add
		Ariel Dunes 1-402	Remove
		Miramar Beach, FL 32548	☐ Change
		 	_ □ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
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			- ⁽⁷⁵
			
Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to date of fil lock does not meet the applicable statuto repartment of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 60: iny filing requirements, this date will not be list	ted as
The 90th day after the rec	ord is filed.	,	
Dated May 3	, 2018		
. <i>1.</i>	1 10 1		
	Signature of a member or authorized repres	entative of a member	

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Filing Fee: \$25.00