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## **COVER LETTER**

TO: Registration Se Division of Cor			
SURJECT: KCA	tzer Property 1	Group, LLC	
Souscer	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tiva Kr	atron	
	<del></del>	Name of Person	
	Kratzer Pr	perty Group, LL	•
		Firm-Company	
	3961 26th A	Nenve North	
		Address	
	St. Peterslauro	Flor: Oa 33713 City/State and Zip Code	
	tina exratees	or perty. Com	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Tina Kratze	(	at ( <del>727</del> ) 256- Area Code Daytin	5606
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C	ornorations	Division of Cou	rnarations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kratzer Proporty, Group, L+C

(Name of the Limited Liabilit (A Florida	Company as it now appears on our Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on $8/7$	24 / 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 here:	
	- 11:13:20 20 Experience	
The new name must be distinguishable and contain the words "Limi	ted Liability Company, the designation	法统一元
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		9: 05 ATE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	City	Zıp Code

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 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
MGR	13reHZ. Kratzer	3961 Z6th Ave N., St. Petersburg, FI 33=	⊦13 XΛdd
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Tective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date.	(optional) ate of filing or more than 90 days after filing.) Purs	uant to 605.020
te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
is med.		
red January 30 2020		
Tin 1. Kt. 2020		