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COVER LETTER

Division of Corpo			
SUBJECT: KCOTZ	Cr Property 1	Group, LLC	
	Name of Limite	d Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	13rett Z. Krat	Name of Person	
	Kratzer Propon	Ty Crovp [1	_C
	430 3rd /	NC S. #359 Address	<u> </u>
	St. Potorsburg	Q 71 3370 Cit/State and Zip Code	
	Zach @ Krntzer	pe used for future annual report in	otification)
For further information con	cerning this matter, please call	l:	
13ret 7. Kra	trer	at (727) 256	
Name of P	erson	Area Code Dayt	time Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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:		Street Address:	

Registration Section
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 Property	Group LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	hy as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700181505.	were filed on 8/24/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	430 3rd Aue 5
(Principal office address MUST BE A STREET ADDRESS)	#359
	St. Petersburg FL 33701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	430 3rd Ave S. ?! #359 5t. Petersburg FL 33701
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
The state of the s	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			□Add
			□Remove
			☐ Change
-			□Add
			□Remove
			Change
-			□Add
			□Remove
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			□ Remove
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			□Change

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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of stilled.	on the earlier of: (b) The 90th day after the
ted July 31 / 2023.	
Signature of a member or authorized representative	of a member

THE COSCO