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(((H180000768763)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES (

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

\*\*Enter the email address for this business wentity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESI **KRONING & DE CONTI LLC**

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Estimated Charge	\$25.00

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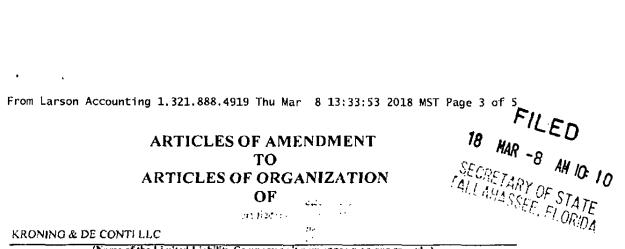
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## **COVER LETTER**

	Registration Sec Division of Corp		······································	
eu <b>n</b> tez		& DE CONTI LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		CAROLINE LARSON	. 1	
		<del></del>	Name of Person	
		LARSON ACCOUNTING	AND CONSULTING SERVICES LL	С
			Firm/Company	
		7901 KINGSPOINTE PAR	RKWAY STE 17	
			Address V	
		OLANDO FL 32819	• <u>•</u>	
			City/State and Zip Code	<del></del>
		PRIVATE@LARSONACC		
		•	to be used for luture annual report notificati	011)
For furth	er information co	ncerning this matter, please ca	ill:	
CAROL	INE LARSON		407 3703686	
	Name of	Person	at ()	ephone Number
Enclosed	is a check for the	e following amount:		
<b>\$25.</b> 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifies Copy (additional copy is microsed)	☐ \$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 Enecutive Center Circle Tallahassee, FL 32301



**KRONING & DE CONTILLC** 

The Articles of Organization for this Limited Liability Co	mpany were filed on 02/28/20	18 and assigned
Florida document number L18000053969	<u>.</u>	
This amendment is submitted to amend the following:	r 149	
ins amendment is submitted to amend the following:	ix.	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designal	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	·
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our	records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	10	
	inter Florida stre	et address
		Planta.
	City	, Florida Zip Code

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 Assent, Signature of New Registered Agent

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From Larson Accounting 1.321.888.4919 Thu Mar 8 13:33:53 2018 MST Page 4 of 5

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

Title	Name	Address	Type of Action
AMBR	GABRIELA K RAMOS DE CONTI	RODOVIA ALEXANDRE	
		BELOLI 2250 CASA 24	□ Remove
		CRICIUMA SC 88816500 BR	= Change
AMBR	RAFAEL DE CONTI	RODOVIA ALEXANDRE	□ Add
		BELOLI 2250 CASA 24:	□ Remove
		CRICIUMA SC 88816500 BR	:■ Change
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		15	□ Remove
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flective date is listed, the date must be If the date inserted in this block	specific and current be prior to does not meet the applicat	date of filing or more than 90 date statutory filing requireme	ays otter filing.) Pursuam to 605.02 nts, this date will not be listed
nent's effective date on the Depa	imment of State's records.	÷	
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e 90th day after the record	fis filed.	an enective time, at 1.	2.01 a.m. on the earlier
CCDOLLABY OF	2016		
FEBRUARY, 07	2018	;	
	13.110	MET	
	nature of a member or ar more	representative of a member	
Sit			
Się GABRIELA K RAMOS D	E CONTI		

Filing Fee: \$25,08 \( \frac{1}{2} \)