L18000073696

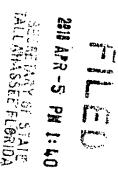
	•	
(Requ	estor's Name)	
(Addre	ess)	
(A Jalan		
(Addre	:55)	
(City/S	state/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



100311429941

04/05/18--01020--021 **25.00



HROGAIN RIS

COVER LETTER

	gistration Section of Corp			
SUBJECT:	Kron Ezent	ial, LLC		
30 33 2011		Name of Limite	ed Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subm	itted for filing.	
Please return	all correspon	ndence concerning this matter to	the following:	
		Edward Anderson		•
			Name of Person	
		Chuck Bretz & Associates, I	P.C.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		58 N. Chicago St., 2nd Floor	г	
			Address	
		Joliet, IL 60432		
			City/State and Zip Code	
		eanderson@bretzlawoffice.co	om be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please call	•	sauony
Edward And			815 740-1545	
	Name of	'Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
★ \$25.00 F	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

Kron Ezential, LLC		
(Name of the Limite	d 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 March 21, 2018 Florida document number L18000073696		and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	,
Kron Ezentials, LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abberiation \$2C."
Enter new principal offices address, if applica	ble:	> ≥
(Principal office address MUST BE A STREE)	TADDRESS)	20 man
		UNIT OF THE PERSONS
		77 78 79
Enter new mailing address, if applicable:		23.
(Mailing address MAY BE A POST OFFICE I	ROX)	Sp. O
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office address on our records, lice address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
· -	Enter Florida street address	
	, Flor	rida
	· City	Zip 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 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	
			□ Add	
			Remove	
			Change	
			☐ Remove	
			Change	
			Add	
•		 	Remove	
			Change	
		·	□ Add	
			Remove	
			☐ Change	
			Ada	
		·	Remove	
			Change Change	
		.		
			□ Remove	
		•	□ Change	

					-
					-
	,				_
	·				
					_
					-
					-
					_
		,			-
				<u> </u>	-
			· · · · · · · · · · · · · · · · · · ·		-
		·			_
					-
-					-
					-
	· · · · · · · · · · · · · · · · · · ·				_
	•				_
e: If the ument's record	date inserted in this block of effective date on the Depart	loes not meet the applicat ment of State's records. ective date, but not	ole statutory filing requirem	(optional) days after filing.) Pursuant to 60 nents, this date will not be list	ted
ed	MARCH 26	2018		₩ .	N.a
.u	The Tal		<u>.</u> •	<u> </u>	2918 AP
	Sign. Enware Ann		zed representative of a member	er See T	10 1

Page 3 of 3

Filing Fee: \$25.00