Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

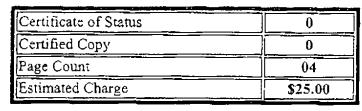
Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000145 Phone : (305)444-4994 Fax Number : (305)444-4977

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KRC ASSETS LLC



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2018

KRC ASSETS LLC 11401 FINES BLVD PEMBROKE PINES, FL 33026

SUBJECT: KRC ASSETS LLC

REF: L18000120971

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a corporation, this company is a LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Raren A Saly Regulatory Specialist II FAX Aud. #: E18000244326 Better Number: 818A00017368

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KRC ASSETS LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appear Liabiuty Company)	s on our records.)
The Articles of Organization for this Limited L	iability Company	y were filed on ⁰⁵	15/2018 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	bility company he	<u>re</u> :
The new name must be distinguishable and contain the s	vords "Limited Liab	iiity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u>-</u>	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 835999 MIAMI, FL 33283	
B. If amending the registered agent and registered agent and/or the new registered of	√or registered ffice address he	office address or ere:	our records, enter the name of the ne
Name of New Registered Agent:	VALERIA ESTERAS PEREZ		
New Registered Office Address:	11401 PINES BLVD		
TOP TOPING OF THE PARTY.	Enter Florida street address		
	PEMBROKE		, Florida 33026 Zip Code
		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 accompany has been notified in writing of this change.

If Changing Registered Agent, Signature of Non 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>	Name	Address	Type of Action
	WILLIAM Y. ZAMORA	11401 PINES BLVD	
MGR			Add
		PEMBROKE PINES, FL 33026	
			Change
	VALERIA ESTERAS PEREZ	11401 PINES BLVD	
MGR			B Add
		PEMBROKE PINES, FL 33026	
			🗖 Remove
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			Change
			Add
			Change

E.

E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the	the date of filing: must be specific and cannot be prior to date of filing s block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (hing requirements, this date will not be listed as t
document's effective date on th	e Department of State's records. yed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier of:
Dated	2018	
8	Signature of a member or authorized representative	of a member
WILLIAM Y. ZAMO	RA Typed of printed name of signee	