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| Certified Copies        | Certificates      | s of Status |
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| Special Instructions to | Filing Officer:   |             |
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DIVISION OF CORPORATION

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## **COVER LETTER**

| Divis              | sion of Corpor   | ations  |   |   |  |  |
|--------------------|------------------|---|---|---|--|--|
| SUBJECT:           | KREBS & KI       | EBSEN LLC                                       |   |   |  |  |
| SUBJECT:           |                  | Name of Limit                                   | ted Liability Company   |   |  |  |
|                    |                  |   |   |   |  |  |
| The enclosed       | Articles of Am   | endment and fee(s) are subn                     | nitted for filing.  |   |  |  |
| Please return      | all corresponde  | nce concerning this matter t                    | o the following:  |   |  |  |
|                    |                  | ALEXANDER HACHI                                 | EJR.  |   |  |  |
|                    | •                |   | Name of Person  |   |  |  |
|                    |                  | HACHE FINANCIAL S                               | SOLUTIONS LLC   |   |  |  |
| Firm/Company       |                  |   |   |   |  |  |
|                    |                  | 2645 EXECUTIVE PARI                             | K DRIVE, SUITE 118  |   |  |  |
|                    |                  |   | Address   |   |  |  |
|                    |                  | WESTON, FL 33331                                |   |   |  |  |
|                    |                  |   | City/State and Zip Code   | <del></del> _   |  |  |
|                    |                  | ALEX@HACHEFINAN                                 | RCIAL.COM   |   |  |  |
|                    | _                | E-mail address: (to                             | o be used for future annual report noti                                   | fication)   |  |  |
| For further in     | formation conc   | erning this matter, please ca                   | II:   |   |  |  |
| ALEXANDER HACHE JR |                  |   | 954 701-0824  |   |  |  |
| Name of Person     |                  |   | at ( 954 ) 701-0824<br>Area Code Daytim                                   | e Telephone Number  |  |  |
|                    |                  |   |   |   |  |  |
| Enclosed is a      | check for the fo | ollowing amount:                                |   |   |  |  |
| \$25.00 Fi         | ling Fee [       | 2 \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
|                    |                  |   |   |   |  |  |

MAILING ADDRESS:

TO:

Registration Section

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

| KREBS & KLEBSEN LLC   |   |                              |                    |                 |
|---|---|------------------------------|--------------------|-----------------|
| (Name of the Limited L.) (A F   | ability Company as it now appe<br>orida Limited Liability Company | ars on our records.)         |                    |                 |
| The Articles of Organization for this Limited Liabili Florida document number | ity Company were filed on _                                       | and assigr                   | ned                |                 |
| This amendment is submitted to amend the followin                             | g:  |                              |                    |                 |
| A. If amending name, enter the new name of the                                | limited liability company f                                       | nere:                        |                    |                 |
| The new name must be distinguishable and contain the words                    | "Limited Liability Company." the                                  | designation "LLC" or the ab  | obreviation "L.L.C |                 |
| Enter new principal offices address, if applicable                            | :   |                              |                    | <del></del>     |
| (Principal office address MUST BE A STREET A.                                 | DDRESS)   |                              | ಹ                  | <u>¥</u> £      |
|   | <del></del>   |                              | <u> </u>           | <u> </u>        |
|   |   |                              | 125                | 2,57±<br>2,57±  |
| Enter new mailing address, if applicable:                                     |   | <del></del>                  | <del></del>        | <u> </u>        |
| (Mailing address MAY BE A POST OFFICE BOX                                     | <u></u>   |                              | <u>_</u>           |                 |
|   |   |                              | : 2                | <u> </u>        |
|   |   |                              | - 0                | <del>*:</del>   |
| B. If amending the registered agent and/or r                                  |   | on our records, <u>enter</u> | the name of        | th <u>e</u> nev |
| registered agent and/or the new registered office                             | audress nere:   |                              |                    |                 |
| Name of New Registered Agent:   |   |                              |                    | <del></del>     |
| New Registered Office Address:  |   |                              |                    |                 |
|   | Enter F1  | orida street address         |                    |                 |
| _   |   | Florida                      | <del></del>        | <u>_</u>        |
|   | 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  |  |  |  |
|--------------|--|--|-----------------|--|--|--|
| МЕМВ         | CENTRO DE SERVICIOS<br>EM ACOS LONGOS LTDA | RUA JOAO GOULART 1180                      |                 |  |  |  |
|              |  | CANOAS, RIO GRANDE DO SUL, BR 92420 Remove |                 |  |  |  |
|              |  |  | ☐ Change        |  |  |  |
| MGR          | JULIANA KREBS AGUIAR                       | 12794 FOREST HILL BLVD #20                 |                 |  |  |  |
|              |  | WELLINGTON, FL 33414                       | <b>⊠</b> Remove |  |  |  |
|              |  |  | Change          |  |  |  |
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| f an effective da<br><b>Note:</b> If the d | e, if other than to<br>the is listed, the date is<br>ate inserted in this<br>fective date on the | nust be specifi<br>block does i | e and canno<br>not meet th | ie applicabi | date of filing o | r more than 90<br>ling requiren | (optional) days after filing lents, this date | .) Pursuant to | 605.0201<br>listed as |
|  | pecifies a delay<br>day after the r  |                                 |                            | but not a    | an effective     | e time, at                      | 12:01 a.m.                                    | on the ea      | rlier o               |
| Dated                                      | JUNE 18  |                                 | · ·····                    | Day j        |                  |                                 |   |                |                       |
| _  |  | Signature                       | of a member                | or author:   | ed representat   | ive of a memb                   | er  |                | •                     |
|  |  |                                 |                            | ,            |                  |                                 |   |                |                       |