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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA
18 JUN 11 PM C: 42



COVER LETTER

	tion Section of Corporations		
	CHELLE KROEGER LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Artic	cles of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Michele Kroeger		
		Name of Person	
		Firm/Company	
	2470 Indian Trail East		
		Name of Limited Liability Company and fee(s) are submitted for filing. Training this matter to the following: Firm/Company In Trail East Address For, FL 34683 City/State and Zip Code @aol.com E-mail address: (to be used for future annual report notification) matter, please call: 727 643-0150 at (
	Palm Harbor, FL 34683		
		City/State and Zip Code	
	kroeger423@aol.com		
		·	ication)
For further inform	ation concerning this matter, please c	call:	
Bruce Kadoura			
]	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	Certified Copy	□ \$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

Michelle Kroeger LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records. ida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on May 25, 2018	and assigned
Florida document number 900313901739		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Michele Kroeger LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	3 ₹ 8
		N AS
Enter new mailing address, if applicable:		- SE
(Mailing address MAY BE A POST OFFICE BOX)		3
		- 37
		₹
B. If amending the registered agent and/or regregistered agent and/or the new registered office at Name of New Registered Agent:		enter the name of the new
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 Address **Type of Action** Name Title _□ Add _□ Change _□ Add ☐ Remove ☐ Change □ Add _□ Change _□ Remove _□ Change _□ Remove _ Change _□ Add ☐ Remove

☐ Change

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lf an ef <u>Note:</u>	ive date, if other than the date of filing:		
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.		of
Dated	+ June 9 . 2018.		
	Tune 9 . 2018. Thicke lines gs. Signature of a member or authorized representative of a member Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00