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(Requestor's Name)
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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT: KR	ystal (1/en	N LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	heysto	Name of Person	<del> </del>
		Firm/Company	<del></del>
	6348 L	acleea Trail	)
	Pare, FL	32571 City/State and Zip Code	
	Bled Ble E-mail address: (10	nd Bobe Jane o be used for future annual repult notifica	uion)
For further information cor	neerning this matter, please ca	11;	
Krystal Name of I	CTIENN	at ( <u>U3U)</u> 3 <u>17-</u> Area Code Daytime T	72 A J elephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

TO: Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2020 NOV 30 PM 5: 17
KRIJSTA P	(TIPAN) LLC
(Name of the Edmited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company) W.L.A. ACCEE, FL
Γhe Articles of Organization for this Limited Liability Cor	mpany were filed on 11.8.2019 and assigned
Florida document number <u>L1800262212</u>	
riorida document number <u>Li OM 2 (022)</u>	•
This amendment is submitted to amend the following:	
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	d 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 ADDRE	<u> </u>
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered (	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida

### 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 = Ma AMBR = Au			2020 May may be and	
<u>Title</u>	<u>Name</u>		2026 HOV 30 PM 5: 17	Type of Action
AMBR	Ashlay	Cuterght	Address SECTION OF STATE LIBERT TRUE	□Add
	·		Pace FL 32571	
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	2020 NOV 30 PM-5: 17
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	TALLAHAS <b>SEE</b> , FL
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<del></del> -	
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*******	
fan effective <u>Vote:</u> If the	ate, if other than the date of filing:
record spe d is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 1	ovember 11.2020
-	Wember 1. 2020.  Kryptal (July)  Signature of a member or authorized representative of a member
_	MayStal (Tlenn Typed or printed name of signer

Filing Fee: \$25.00