L19000003582

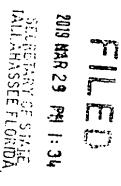
(Re	questor's Name)	
(Åd	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT:	KrissRE	LLC			
SUBJECT:		ited Liability Company	·		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Ronald	Kviss			
		Name of Person			
	KrissR	E LLC			
		Firm/Company			
	6723	SW 138 St Address	•		
	Miam	, FL 3315	8 .		•
		City/State and Zip Code		2. 2.	
-	rona k	rissre. Com to be used for future annual report no	Hilaniani		
For further information conc			meanony	2019 HAR 29 SECRETAN FALLAHASSI	
Ronald	Kriss	at (305) 3 Area Code Daytin	23-911	F# 1: 31	m
Name of Pe	rson	Area Code Daytii	me Telephone Number	1: 34 08.00	
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

KriscRE LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on onited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L1900003582</u>	pany were filed on Jan	Uary 2 7	019 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ition "LLC" or the a	
Enter new principal offices address, if applicable:			70 S.C. 199
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>	墨 -
			22 M
Enter new mailing address, if applicable:			TO STATE
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter	the name of the new
Name of New Registered Agent:	Ronald Kriss	S	
New Registered Office Address:	6723 SW L	38 S+.	
	Miami City	. Florida	33158 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Rould Kriss

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
MGR	RON KRISS	6723 SW 138 St	Add
		Miami, FL 33158	X Remove
			Change
MGR	RONALD KRISS	6723 SW 138 St	
		M'12mi, FL 33158	□ Remove
			☐ Change
			🗆 Add
		- A 174	Z D D D D D D D D D D D D D D D D D D D
	· <u>·</u>		Add
			Change
			Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00