L19000042237

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	(Address)
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COVER LETTER

TO: Registration 5 Division of Co			
KRAFT (GC, ELC	•	
30BJLC 1.	Name of Lin	nted Liability Company	
	of Amendment and fee(s) are subsondence concerning this matter	-	
	ROSA ESTELA MORAL	ES	
	· · ·	Name of Person	
	AXIOM ACCOUNTING,	PA	
		Firm Company	
	4951 TAMIAMETRAIL	ORTH SUITE 103	
		Address	
	NAPLES, FL 34103		
		City State and Zip Code	
	ESTELAMORALES07@C E-mail address: (OMCAST.NET to be used for future annual report notifi	cution
For further information	concerning this matter, please c	all,	
ROSA ESTELA MORA	ALES	239 302-3788	
Name	of Person	al () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRAFT GC, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number $\frac{L19000042237}{L19000042237}$	were filed on 02/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	îty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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 here: Name of New Registered Agent: New Registered Office Address:	ice address on our records, <u>enter th</u>	ED ED
New Registered Office Address:	Enter Florida street address	
	Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cir.	Lip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a	verformance of my duties, and I am far vovided for in Chapter 605, F.S. Or, if	miliar with and This document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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
AMBR	MONROY ACOSTA GERARDO	1653 JYOTI ST, ORLANDO, FL 32828	■ Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			С Ветюче
			Change
			Remove 22
			Change S S S S S S S S S S S S S S S S S S S
			Add Off on
			□ Remove
			Change
			□ Add
			□ Remove
			Change

	OTHER PROVISIONS, ARTICLE III CHANGE FROM HANDYMAN TO DRYWALL GYPSUM	
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		F1.
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(If an <u>Not</u>	ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be urnent's effective date on the Department of State's records.	a 605.0207 (3 Mb e listed as the
If the i	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ene 90th day after the record is filed.	arlier of:
Date	10 04 15 2019	
	Signature of a member or authorized representative of a member	_

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Filing Fee: \$25.00