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COVER LETTER

Division of Cor		,		
SUBJECT:•	KRSF	ited Liability Company	upp by	1+0
	Name of Emil	neo Elability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ricardo	Name of Person		
	2646 /	Firm Company Michigan	Ace (),	; + A
	Hissimn	Address)4V	
	YGULNING Lignail address: (io Be used for fundre annual report no	tification)	
For further information e	oncerning this matter, please ca	all:		
Name o	f Person	at (<u>DJC</u>) <u>4 GJ</u> Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cepy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S	Section	Street Address: Registration S		
Division of C	orporations	Division of Co	DIPOTALIONS	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as is now appears on our records (A Florida Limited Liability Company)) <u> </u>
The Articles of Organization for this Limited Liability Company were filed on 2-18- Florida document number 19000 46 F33	2019 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 designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2023
(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 on our records, enter tagent and/or the new registered office address here:	the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Flo	rida
New Registered Agent's Signature, if changing Registered Agent:	zsp Cnae
I hereby accept the appointment as registered agent and agree to act in this capacity. I fur provisions of all statutes relative to the proper and complete performance of my duties, an accept the obligations of my position as registered agent as provided for in Chapter 605, I being filed to merely reflect a change in the registered office address, I hereby confirm that company has been notified in writing of this change.	d I am familiar with and F.S. Or, if this document is

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
			□Add
			□Remove
			
			□Remove
			□Add
			□Remove
			□Change
			
		□Remove	
		Change	
		□Add	
		□Remove	
			□ Change
			□Add
		□Remove	
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Charging Name to back to
- Vanama Kooting Supply Lite
E. Effective date, if other than the date of filing: Obload (optional) (If an 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 605.0207 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated
Ricardo Granja Fiscardo Granja Ricardo Granja
Kicardo Gianpal Typed or printed name of signee

Filing Foo: \$25 00