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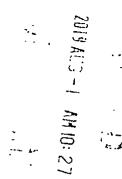
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Co			
subject: <u>R</u> 1	R5 Enterpris	SeS LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	An	Sign Conday Name of Person	
	RR	5 Enterprises L	LC_
	8500_	NW 198 St Address	
	Mian	71 F1 33015 City/State and Zip Code	
	E-mail address: ()	to be weed for future annual report notif	ication)
For further information of	concerning this matter, please ca	alt:	
Angi E	Corday of Person	at (365) 917 Area Code Daytime	530 8 Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

TO:

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

Or	30.0
	2015 / AH 10: 27
KRS Enterprises	
(Name of the Limited Liabilly Company as (A Florida Limited Liabil	it now appears on our records.)
	. 1
The Articles of Organization for this Limited Liability Company wer	e filed on3 27 2019 and assigned
Florida document number <u>L 19 000585 199</u> .	
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 C	ompany," the designation "L.L.C" or the abbreviation "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)	
Soluting address SEAT BE A LOST OF LICE BOX	
	
B. If amending the registered agent and/or registered office	address an our records enter the name of the news
registered agent and/or the new registered office address here:	address on our records, enter the name or the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rmer r ioriaa Mreet adaress

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.

City

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>	Name	Address	Type of Action
AMBR	Angie Corday	8500 NW 198 St	Add
	, ,	8500 NW 198 St Miami, Fl 33015	Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			🗖 Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			🗆 Add
			Remove
			□ Chanae

E. Effective date, if other than the date of filing:
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 $\frac{1}{2019}$. $\frac{2019}{2019}$.
La Carday
Signature of a member or authorized representative of a member
Angie Conday Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00