L19000162928

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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OCT 10 2019
S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor					
ci:ni	KRAL HOI	LDINGS, LLC				
SUBJECT: Name of Limited Liability Company						
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspo	ndence concerning this matter	to the following:			
		ANDREW LASSISE				
			Name of Person			
		KRAL HOLDINGS, LLC				
		-	Firm/Company	<u> </u>		
		9221 GREENSPIRE LN				
			Address			
		LAKE WORTH, FL 3346	7			
			City/State and Zip Code			
		ANDREWLASSISE@GM				
		E-mail address; (to be used for future annual report notel	ication)		
For fi	irther information e	oncerning this matter, please co	all:			
AND	REW LASSISE		410 258-8770			
	Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclo	sed is a check for th	ne 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

KRAL HOLDINGS, LLC		FILE SEP 23
	Liability Company as it now appears on our records.)	$\frac{\omega}{\omega}$ ω $\frac{\omega}{\omega}$
(A	Florida Limited Liability Company)	12 · 12
The Articles of Organization for this Limited Liab Florida document number L19000162928		and assigned
This amendment is submitted to amend the follows	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, ent e address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	v.nier vioriaa sireet adaress	
	, Florida	
-	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

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	ANDREW LASSISE	9221 GREENSPIRE LN, LAKE WORTH, FL 33467	Add
			Remove
			Change
			□ Add
			Remove
			Change
			☐ Remove
			□ Change
		□ Add	
			☐ Remove
			Change
			
			□ Remove
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			□ Change

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. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to ck does not meet the application.	to date of filing or more than tble statutory filing requi	(optional) 90 days after filing.) Pursuant to comments, this date will not be I	605.0207 (3) disted as the
the record specifies a delayed The 90th day after the reco	effective date, but not ord is filed.	an effective time, a	at 12:01 a.m. on the ea	rlier of:
Dated SEPTEMBER 18	2019			
	·			
.//	Signature of a member or autho			

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Typed or printed name of signee

Filing Fee: \$25.00